

U.S. Department of Labor

Occupational Safety and Health Administration
Tarrytown Area Office
660 White Plains Road 4th Floor
Tarrytown NY 10591-5107
(914) 524-7510
Fax: (914) 524-7515
OSHA Website Address: <http://www.osha.gov>



July 8, 1999

Mr.

Re: 301460580

Dear Mr.

As a result of the above indicated OSHA inspection, we previously sent you a citation indicating violations of the Occupational Safety and Health Act as well as a letter requesting verification of abatement. A review of the abatement letter you sent to us indicates that the information included in the letter does not sufficiently assure abatement of some of the violations. Therefore, we request that you send us a supplementary abatement with additional information as explained below. If this supplementary abatement letter is not received in our office by July 19, 1999, a FOLLOW-UP INSPECTION of your workplace may be scheduled, which could result in additional citations with additional accompanying proposed penalties.

The violations for which additional abatement information is needed are as follows:

Citation	Item	Current Deficiency and Needed Information
1	1a	The violation concerns the requirement that you, the employer, must perform a complete assessment of all operations at the site and identify appropriate personal protective equipment required to be used. You must maintain a certification that you performed this assessment. Your abatement letter describes the availability of personal protective equipment and employee training. A statement that adequately assures abatement of this violation must include the assertion that you have performed the hazard assessment required by 29 CFR 1910.132(d)(1) and that you are maintaining the written hazard assessment certification document required by 29 CFR 1910.132(d)(2).
1	1c	The violation concerns the requirement that employees wear personal protective equipment when necessary. Your abatement letter describes the availability and personal protective equipment, the training of employees, and employees' knowledge concerning personal protective equipment. A statement that adequately assures abatement of this violation

Citation	Item	Current Deficiency and Needed Information
		must include the assertion that employees use the appropriate personal protective equipment whenever necessary by virtue of the operations they are performing.
2	2	The violation concerns the requirement the you, the employer, accurately measure employee exposure to noise and maintain these records. Your abatement letter addresses the use of hearing protection. A statement that adequately assures abatement of this violation must include the assertion that you have measured employee noise exposure and are maintaining the noise monitoring records. [NOTE: The noise measurements must establish noise levels representative of the highest noise level exposure employees are subjected to during operations.]
2	5	This violations concerns the requirement that you, the employer, establish a written respirator program that includes the elements listed in 29 CFR 1910.134(c). You abatement letter states that you have provided or made accessible to employees certain information. A statement that adequately assures abatement of this violation must include the assertion that you have developed and are maintaining a written respirator program that includes all applicable elements as required by the regulation.
2	6	This violation concerns the requirement that employees who use respirators are provided medical evaluations in accordance with 29 CFR 1910.134(e). Your abatement letter states that you have posted a notice that medical evaluations will be given to employees. A statement that adequately assures abatement of this violation must include the assertion that all affected employees have received the medical evaluation as specified in the regulation.
2	10	This violation concerns the requirement that you, the employer, must develop and implement a written hazard communication program that includes the elements specified in 29 CFR 1910.1200(e). Your abatement letter provides information on abatement of other requirements of the regulation. A statement that adequately assures abatement of this violation must include the assertion that you have developed and are maintaining a written hazard communication program that includes all applicable elements as required by the regulation.

If the above violations have been corrected, please provide, on the last page of this letter, the additional information requested. Then endorse and date this letter and return it to the Area Office. If you have any questions or require additional information, please write or call this office and ask for the Area Director.

Sincerely,

 Area Director

There are 2 remaining items without abatement verification. The employer has not yet had the respirator medical evaluation. Mr. _____ stated that the employee is getting married in about a week and has been absent from work while pre-marriage arrangements are in progress. Therefore, the evaluation cannot occur until the employee returns from his honeymoon. Since he will probably not use his respirator while on the honeymoon, we probably can't do anything more at present.

Mr. _____ said that he contacted somebody to do the noise survey, but he has identified a new hand tool that the manufacturer claims polishes the marble at a greatly reduces noise level. He says the new tool will arrive in a week. It seems pointless to require a noise survey until the new equipment arrives.

I requested the Mr. _____ confirm the reasons for the delays in writing.

Inspection #	:	301460580
Opt. Inspection #:	387	
Supervisor ID	:	G6803
CSHO ID	:	M2116
Inspection Type	:	Referral
Entry Dt	:	01/07/99
Close Conf Dt	:	03/24/99
Infor Conf Date	:	04/12/99
PMA STATUS	:	
PMA DATE	:	
Contest(active)	:	NO
Final Order	:	
Case Close Dt	:	

PENALTY DATA (Summary)		FTA Penalty *****		PAYMENT DATA (Summary)	
	Penalty *****		*****	Total Payments:	\$ 450.00
Due Date	: 04/15/99			Last Install Dt:	
Current Assessed	: \$ 450.00	\$	0.00	Next Install Dt:	
Interest	: \$ 1.87	\$	0.00	Number of installments:	0
Adm Fees	: \$ 10.00	\$	0.00	PENALTY COLLECTION DATA (Summary)	
Res Waived	:			Dt Transferred	
Status	: C Field Paid			(Orig) DCAT	
				(FTA) DCAT	
				SOL	

VIOLATION DATA (Detail)										Haz		# Rec Exp		Inst Iss. Dt/ Abate		Actions		Penalty/		Contest		Evt/Act FAP		Dates						
V ID	Standard	1910	0132	d	1	01001	a	1910	0132	d	1	01001	a	1910	0132	d	1	01001	a	1910	0132	d	1	01001	a	1910	0132	d	1	
S	01001	b	1910	0132	f	1	01001	b	1910	0132	f	1	01001	b	1910	0132	f	1	01001	b	1910	0132	f	1	01001	b	1910	0132	f	1
S	01001	c	1910	0133	a	2	01001	c	1910	0133	a	2	01001	c	1910	0133	a	2	01001	c	1910	0133	a	2	01001	c	1910	0133	a	2
O	02001	1903	0002	a	1	02001	1903	0002	a	1	02001	1903	0002	a	1	02001	1903	0002	a	1	02001	1903	0002	a	1	02001	1903	0002	a	1
O	02002	1910	0095	d	1	02002	1910	0095	d	1	02002	1910	0095	d	1	02002	1910	0095	d	1	02002	1910	0095	d	1	02002	1910	0095	d	1
O	02003	1910	0110	e	4	02003	1910	0110	e	4	02003	1910	0110	e	4	02003	1910	0110	e	4	02003	1910	0110	e	4	02003	1910	0110	e	4
O	02004	1910	0134	c	2	02004	1910	0134	c	2	02004	1910	0134	c	2	02004	1910	0134	c	2	02004	1910	0134	c	2	02004	1910	0134	c	2
O	02005	1910	0134	c	2	02005	1910	0134	c	2	02005	1910	0134	c	2	02005	1910	0134	c	2	02005	1910	0134	c	2	02005	1910	0134	c	2
O	02006	1910	0134	e	1	02006	1910	0134	e	1	02006	1910	0134	e	1	02006	1910	0134	e	1	02006	1910	0134	e	1	02006	1910	0134	e	1
O	02007	1910	0304	f	4	02007	1910	0304	f	4	02007	1910	0304	f	4	02007	1910	0304	f	4	02007	1910	0304	f	4	02007	1910	0304	f	4
O	02008	1910	0305	g	2	02008	1910	0305	g	2	02008	1910	0305	g	2	02008	1910	0305	g	2	02008	1910	0305	g	2	02008	1910	0305	g	2
O	02009	1910	0305	g	2	02009	1910	0305	g	2	02009	1910	0305	g	2	02009	1910	0305	g	2	02009	1910	0305	g	2	02009	1910	0305	g	2
O	02010	1910	1200	e	1	02010	1910	1200	e	1	02010	1910	1200	e	1	02010	1910	1200	e	1	02010	1910	1200	e	1	02010	1910	1200	e	1
O	02011	1910	1200	f	5	02011	1910	1200	f	5	02011	1910	1200	f	5	02011	1910	1200	f	5	02011	1910	1200	f	5	02011	1910	1200	f	5
O	02012	1910	1200	f	5	02012	1910	1200	f	5	02012	1910	1200																	

PAYMENT DATA (Detail)					
OSHA-163 Nr.	Payment Dt	Ref/Unk	Amount Paid	FTA Paid	Total Paid
*****	*****	*****	*****	*****	*****
879043032	06/02/99		\$ 450.00	\$ 0.00	\$ 450.00

[REDACTED]

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U.S. MARSHAL SERVICE

7/28
16 7/28

List the SPECIFIC method of correction for each item on the citation and the date of correction.

Employees have been told they must wear PPE. AT Required times, We assessed shop requirement + maintain a hazard written certification document.

Employees were told they must wear PPE and will be fined if they don't use. We are enforcing this matter to the one man shop.

We are maintain a written respiratory program and have told employee (1) to schedule appt w/ ~~the~~ doctor + submit report on company time.

The company who is going to check noise level will in the near future. We were within the acceptable range let us remember this!!

We will maintain a written hazard communication program for the (1 man shop) as required by regulations.

Note: This is for a (1 man shop) + I do not feel I should be harassed like I have been. Be informed I will contact my ^{Congressman} ~~Congressman~~ if I am continued to be harassed. I know I do not fall into a category like you are doing for this shop has only "ONE" man.

|||||
|||

Endorsement

All cited violations have been corrected/abated.

(Signature)

(Date)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

All cited violations have been corrected/abated.

_____ (Signature) _____ (Date)

301460580

Citation # 1, Item # A was corrected on (date) 4/14/99

Explain how condition(s) were corrected.

- pp^{ts} prot. eq. was @ Site @ time of inspection.
- agreed pp. eq. was Adequate. There were ear + eye protection for ea. emp.
- HAVE spoken w/ employees in past + did again (4/16/99)
- the (2) Employees are trained + have full knowledge on how to use equipmt.

Citation # 1, Item # B was corrected on (date) _____

Explain how condition(s) were corrected.

- The (2) employees are in their 40's & very aware of ~~bad~~ dangers in NOT using their personal prot. eq.
- They have been told again by the company to use their pers. prot. eq.
- Co. posted warning notice ~~to~~ employees.

Citation # 2, Item # 2 was corrected on (date) _____

Explain how condition(s) were corrected.

- Hearing prot. has been in shop for years.
- The (2) employees were trained again (4/14/99) They are in their 40's + know the dangers of not wearing hearing devices.

Citation # 2, Item # 4 was corrected on (date) _____

Explain how condition(s) were corrected.

- provided info to the (2) employees
- Posted Appendix D of ZACFR
- posted written notice to (2) employees
- Posted notice to give medical eval.

301460580

Citation # 2, Item # 10 was corrected on (date) _____
- 11/12/13

Explain how condition(s) were corrected.

- Posted warning for mat.- MSSS sheets @ shop.- labeled mat.- Trained employees before inspection as well as after

Citation # , Item # was corrected on (date) _____

Explain how condition(s) were corrected.

Citation # , Item # was corrected on (date) _____

Explain how condition(s) were corrected.

Citation # , Item # was corrected on (date) _____

Explain how condition(s) were corrected.

FAKED
4/15/99
3pm

April 15th, 1999

US Dept of Labor Occupational Safety
and Health Administration
660 White Plains Rd - 4th Floor
Tarrytown, NY 10591-5107

ATTN: Mr.
Ms

RE: Informal Settlement Agreement
Osha NO. 301460580

Dear Mr. and Ms.

I am in receipt of your proposed informal settlement agreement for the above captioned OSHA file of which I am faxing to your attention with my signature and dated today, 4/15/99.

However, for the record I wish to recap the conversation which took place between Mr. and myself on 4/12/99. The informal meeting conducted via phone lasted for approximately two hours. During this meeting it was stated to Mr. that I clearly am not in agreement with the inspection findings which ultimately the citations come from.

Mr. was the OSHA inspector whom inspected my operation in January of 1999. This inspection was the outcome of a local person who filed a complaint with OSHA to harrass me and his tactics have worked. Your agency was used as a stepping stone and it worked. To harrass a small operation such as mine is totally ridiculous but nonetheless has been done. Taxpayers money which is spent in this fruitless manner would be better spent elsewhere. The government should use its agencies and resources to inspect and subsequently correct problems which are widespread and extensive such as sweatshops, etc..

The two men which my operation consists of have been provided with personal protection equipment for the years they have been working for our company. And may I add there has not been any injury loss record as of yet. Obviously we have been conducting ourselves in the proper manner with keeping safety hazards in mind.

I have agreed to the amended settlement amount of \$450.00 and have signed your informal

settlement agreement which I am sending you via fax and the original via regular mail.

Trusting my position concerning this matter is clear.

Very truly yours,

cc: Congressman

- US Congress
Radburn Bldg.
Washington, DC

**U.S. DEPARTMENT OF LABOR OCCUPATIONAL SAFETY AND
HEALTH ADMINISTRATION**

In the Matter of: [REDACTED]
OSHA No.(s): 301460580

INFORMAL SETTLEMENT AGREEMENT

The undersigned Employer and the undersigned Occupational Safety and Health Administration (OSHA), in settlement of the above citation(s) and penalties which were issued on 03/24/99, hereby agree as follows:

1. The Employer agrees to correct the violations as cited in the above citations or as amended below.
2. The Employer agrees to pay the proposed penalties, if any, as issued with the above citation(s), or, if amended by this agreement, as amended below.
3. The Employer and OSHA agree that the following citations and penalties, if any, are not being amended:

Cit 02 Item 001
Cit 02 Item 003
Cit 02 Item 004
Cit 02 Item 005
Cit 02 Item 006
Cit 02 Item 007
Cit 02 Item 008
Cit 02 Item 009
Cit 02 Item 010
Cit 02 Item 011
Cit 02 Item 012
Cit 02 Item 013
Cit 02 Item 014

U.S. DEPT. OF LABOR
O.S.H.A. REGION II

99 APR 15 PM 2:52

RECEIVED
TAMM HALL OFFICE

4. OSHA agrees that the following citations and penalties are being amended as shown below:

Cit 01 Item 001 a - Penalty reduced from \$450.00 to \$270.00.
Cit 01 Item 001 b
Cit 01 Item 001 c
Cit 02 Item 002 - Penalty reduced from \$300.00 to \$180.00, and abatement date amended to read 05/26/99.

Total Penalty reduced from \$750.00 to \$450.00.

Default of the penalty schedule contained in this agreement will cause the agreement to be considered null and void and the penalty due will revert back to the original amount of \$750.00.

5. The employer, by signing this informal settlement agreement, hereby waives its rights to contest the above citation(s) and penalties, as amended in paragraph 4 of this agreement.
6. The employer agrees to immediately post a copy of this Settlement Agreement in a prominent place at or near the location of the violation(s) referred to in paragraph 4 above. This Settlement Agreement must remain posted until the violations cited have been corrected, or for 3 working days (excluding weekends and Federal Holidays), whichever is longer.
7. The employer agrees to continue to comply with the applicable provisions of the Occupational Safety and Health Act of 1970, and the applicable safety and health standards promulgated pursuant to the Act.
8. By entering into this agreement, the employer does not admit that it violated the cited standards for any litigation or purpose other than a subsequent proceeding under the Occupational Safety and Health Act.

Employer agrees to use the service of the New York Consultation Service to the worksite(s) within one year of the signing of this agreement.

10. The employer agrees to develop and implement a written safety and health program and provide training concerning said program to all employees. A copy of the program shall be provided to all employees.

For Occupational Safety
And Health Administration

(signature and date)

For The Employer
(signature and date)

April 15th, 1999

US Dept of Labor Occupational Safety
and Health Administration
600 White Plains Rd - 4th Floor
Tarrytown, NY 10591-5107

U.S. DEPT. OF LABOR
O.S.H.A. REGION II

99 APR 15 PM 2:52

RECEIVED
O.S.H.A. OFFICE

ATTN: Mr
Ms.

RE: Informal Settlement Agreement
Osha NO. 301480580

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Very truly yours,

cc: Congressman

US Congress
Radburn Bldg.
Washington, DC

TRANSMISSION REPORT

PHONE/TTI NO.	9/1010333#
DATE AND TIME	04-12 05:46PM
DURATION	03' 20
MODE	
PAGE	08
RESULT	GOOD

TARRYTOWN AREA OFFICE
INFORMAL CONFERENCE NOTES

DATE: 4/12/99

ESTABLISHMENT:

Name/Address: _____

CSHO/REPORT#: 31460580 LAST CONTEST DATE: 4/15/99

PRE CONTEST: _____

POST CONTEST: _____

EMPLOYER REP(s): Name: _____ Title: PRESIDENT

UNION REP(s): Name: _____ Title: _____

Affiliation/Local _____

Name: _____ Title: _____

Affiliation/Local _____

OSHA REP(s): Name: _____ Title: AAO

CSHO

INFORMAL CONFERENCE NOTES: _____

- 66803/m2116

66803 Explained ISA procedures and the employees
right to contest in writing by 4/15/99

CITATION 1 - Item 1A - Protective Equipment -

Assessment has been done by Mr. _____ - 1996 and
1997 -); 3/26/99 - ; not in writing

INFORMAL CONFERENCE NOTES CONTINUED:

Cit 1 - Item 1b - Instruction to wear eye protection has been given for many years (2) employees

Cit 1 - Item 1c - stated that PPE - eyeglasses were provided; two (2) types were provided - (1) eyewear / (1) goggle - M2116

stated that employee cutting marble was not wearing eye protection.

Mr. stated that two (2) people were exposed to the hazard; Mr. complained that it was employee negligence; M2116 explained a progressive discipline program; stated that she was doing everything that was possible without losing the employee; pointed out the ER must enforce the use of personal protective equipment including eye protection.

Cit 1 - Item #1 - Abated - stated that

Cit 2 - Item #2; 1910.95(d)(1) - is not -

going to claim that he did any noise monitoring, "however you're (OSHA results) were not greater than 85 dBA." M2116

stated that he sampled for 1/2 hr and that if employees worked for greater than 1/2 hr

Area Director/Supervisor:

the ER's would be found to be exposed in excess of 87 dBA - 2 -

INFORMAL CONFERENCE NOTES CONTINUED:

Mr. and Ms. complained about the \$300.00 penalty. stated that hearing protectors were provided. Ms. stated that her concern was with the penalty.

Ct 2 - Item #3 - Corrected

Ct 2 - Item #4 - ER asked ^{for OSHA} to please forward a copy of Appendix D

Ct 2 - Item #5 - 1910.134(C)(2)(ii); written respirator program applicable

Ct 2 - Item #6 - Medical Evaluation

Ct 2, Item #7, 8, 9 - Corrected During the Inspection - Added

Ct 2 - Item #10; 29CFR 1910.1200(e)(1); m2116 stated that he would send a sample copy of the program

Ct 2 - Item #11 } Transfer of exposure to container
Ct 2 - Item #12 } not labelled

Ct 2 - Item #13 - MSDS -

Ct 2 - Item #14 - Training -

5(a)(1) - Working letter was explained in regards to silica exposure and the potential for an overexposure.

Mr. wanted entire penalty withdrawn - 66803

Area Director/Supervisor: explained that this was not possible

Mr. then offered to pay only 25% of the original penalty.

INFORMAL CONFERENCE NOTES CONTINUED:

G6803 offered a 40% penalty reduction if the Habitat Kitchen would develop and implement a written safety and health program and if the Employer agrees to have N.Y. State Consultation visit the establishmets and perform onsite consultation provide service. - Employer agreed. All citations to remain as originally classified.

Area Director/Supervisor: _____

4/12/99

-2-

4/4



Citation and Notification of Penalty

Company Name: [REDACTED]

Inspection Site: [REDACTED]

The alleged violations below have been grouped because they involve similar or related hazards that may increase the potential for injury resulting from an accident.

Citation 1 Item 1a Type of Violation: Serious

29 CFR 1910.132(d)(1): The employer did not assess the workplace to determine if hazards are present, or are likely to be present, which necessitate the use of personal protective equipment (PPE):

On or about January 25, 1999.

a) Cutting and Polishing Room:

The employer did not perform a comprehensive hazard assessment of the workplace, as outlined in Appendix B to 29 CFR 1910 - Subpart I, to determine the proper personal equipment that must be used to protect employees from the identified hazards. Examples of hazards present in the workplace include, but are not limited to, the following hazards.

During the cutting of marble slabs with the 16" stone cutting blade, employees do not wear eye protection with side protection. During this operation, the diamond elements in the blade can become dislodged from the wheel thus becoming a projectile.

ABATEMENT NOTE: As part of the hazard assessment procedures mandated by 29 CFR 1910.132(d) and (f), employers must:

- 1) select and ensure the use of personal protective equipment that will adequately protect affected employees from the identified hazards;
- 2) communicate selection decisions to each affected employee;
- 3) select personal protective equipment that properly fits each affected employee;
- 4) train employees in the proper use of their personal protective equipment, including all the topics listed in 29 CFR 1910.132 (f)(1); and
- 5) certify in writing that the hazard assessment and required training was performed.

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.



Citation and Notification of Penalty

Company Name: [REDACTED]

Inspection Site: [REDACTED]

The hazard assessment certification must include an identification of the workplace(s) covered by the assessment, the person certifying that the evaluation has been performed, the date(s) of the hazard assessment(s), and a statement that identifies the document as the personal protective equipment hazard assessment certification.

The training certification must include the name of each employee trained, the date(s) of the training, and a statement that identifies the document as the personal protective equipment training certification.

NOTE: The employer is required to submit abatement certification for this item in accordance with 29 CFR 1903.19.

Date By Which Violation Must be Abated:	04/26/99
Proposed Penalty:	\$ 450.00

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.



Citation and Notification of Penalty

Company Name: [REDACTED]
Inspection Site: [REDACTED]

Citation 1 Item 1b Type of Violation: Serious

29 CFR 1910.132(f)(1): The employer did not provide training to each employee who is required to use personal protective equipment.

On or about January 25, 1999.

a) Cutting and Polishing Room:

Employees were not adequately trained in the use of personal protective equipment, as demonstrated by the following condition.

During the cutting of marble slabs with the 16" stone cutting blade, employees do not wear eye protection with side protection. During this operation, the diamond elements in the blade can become dislodged from the wheel thus becoming a projectile.

Failure of employees to recognize the need to wear eye protection with side protection during the cutting operation demonstrates the lack of training of the employees.

ABATEMENT NOTE: At a minimum, employees must be trained in the following: when personal protective equipment is necessary, what personal protective equipment is necessary, how to properly don, doff, adjust, and wear personal protective equipment, the limitations of the personal protective equipment, and the proper care, maintenance, useful life and disposal of the personal protective equipment.

NOTE: The employer is required to submit abatement certification for this item in accordance with 29 CFR 1903.19.

Date By Which Violation Must be Abated:

04/26/99



Citation and Notification of Penalty

Company Name: [REDACTED]

Inspection Site: [REDACTED]

Citation 1 Item 1c Type of Violation: **Serious**

29 CFR 1910.133(a)(2): Employer did not ensure that each affected employee used eye protection that provided side protection when there was a hazard from flying objects:

On or about January 25, 1999.

a) Cutting and Polishing Room:

During the cutting of marble slabs with the 16" stone cutting blade, employees were not wearing eye protection with side protection. During this operation, the diamond elements in the blade can become dislodged from the wheel thus becoming a projectile.

NOTE: The employer is required to submit abatement certification for this item in accordance with 29 CFR 1903.19.

Date By Which Violation Must be Abated: 04/19/99



Citation and Notification of Penalty

Company Name: [REDACTED]
Inspection Site: [REDACTED]

Citation 2 Item 1 Type of Violation: Other

29 CFR 1903.2(a)(1): The OSHA notice was not posted to inform employees of the protections and obligations provided for in the Act:

On or about January 9, 1999.

At the Establishment:

The OSHA notice was not posted.

NOTE: Because abatement of this violation is already documented in the inspection case file, the employer need not submit certification or documentation of abatement of this violation as normally required by 29 CFR 1903.19.

Date By Which Violation Must be Abated:	Corrected During Inspection
Proposed Penalty:	\$ 0.00

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.



Citation and Notification of Penalty

Company Name: [REDACTED]
Inspection Site: [REDACTED] 10977

Citation 2 Item 2 Type of Violation: Other

29 CFR 1910.95(d)(1): A representative monitoring program was not developed and implemented when information indicated that an employee's exposure may equal or exceed an 8-hour time-weighted average of 85 dBA:

On or about January 26, 1999.

a) At the Establishment

On January 26, 1999, employees were monitored for noise exposure while performing shaping and polishing operations. During shaping operations, employees were exposed to noise levels equal to approximately 100 dBA [decibels as measured on the A weighted scale]. During polishing operations, employees were exposed to noise levels between 85 dBA and 90 dBA. Based upon information obtained during the investigation, employees periodically perform these operations long enough during one eight hour shift to exceed the 8-hour time-weighted average of 85 dBA. The employer has not established a representative noise monitoring program to evaluate employees' noise exposure.

ABATEMENT NOTE: Because the monitoring program must identify employees required to be included in a hearing conservation program, the monitoring must be conducted under conditions that measure the employees' maximum noise exposure during operations. Therefore, the monitoring must be done during those jobs that entail the largest amounts of shaping and polishing operations.

If noise monitoring indicates that employees are exposed to average noise levels in excess of 85 dBA, an effective hearing conservation program in compliance with 29 CFR 1910.95(c)-(n) and its appendices must be implemented. In addition to noise monitoring, such a program must include the following.

- (1) Provision a selection of hearing protectors from which employees can choose. The hearing protection must be individually fitted and must provide adequate noise reduction as determined by its Noise Reduction Rating (NRR). Evaluation of the adequacy of the hearing protection must be calculated according to an approved NIOSH method. Employee use of hearing protection when required by the noise standard must be enforced.
- (2) Training and education of each overexposed employee. Training must include the following topics:
 - a) the effects of noise on hearing; b) the purpose of hearing protectors; c) the advantages, disadvantages, and attenuation of the various types of hearing protectors; d) the selection, fitting, use and care of the hearing protectors; and e) the purpose of and procedures for audiometric testing.

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.



Citation and Notification of Penalty

Company Name: [REDACTED]

Inspection Site: [REDACTED]

-
- (3) Institution of a medical monitoring program. This program must include following elements: a) obtaining a baseline audiogram for overexposed employees as soon as possible; b) obtaining additional audiograms annually; and c) evaluating the audiograms to determine if it is valid and if a threshold hearing shift has occurred. Employees must avoid exposure to workplace noise for at least 14 hours before audiometric testing for the baseline audiogram.
- (4) Procedures for preventing further occupational hearing loss whenever an employee has suffered a standard threshold shift (which is defined as an average hearing loss greater than 10 decibels at the frequencies of 2000, 3000, and 4000 Hz). At a minimum, employees must be informed that they have suffered a standard threshold shift, they must be retrained, and the adequacy of the their hearing protection must be reevaluated.
- (5) Maintenance of noise monitoring and audiometric testing records, as required by the "Access to Employee Exposure and Medical Records" regulation.

When average noise levels exceed 90 dBA, the hearing conservation program must also include implementation of all feasible engineering, work practice, and administrative controls needed to reduce employee noise exposure under 90 dBA.

NOTE: The employer is required to submit abatement certification for this item in accordance with 29 CFR 1903.19.

Date By Which Violation Must be Abated:	04/26/99
Proposed Penalty:	\$ 300.00

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.



Citation and Notification of Penalty

Company Name: [REDACTED]

Inspection Site: [REDACTED]

Citation 2 Item 3 Type of Violation: Other

29 CFR 1910.110(e)(4)(iii): Permanent and removable fuel containers were not securely mounted to prevent jarring loose, slipping, or rotating:

January 25, 1999

a) At the Establishment:

The propane tank used to fuel the forklift truck was not securely mounted to the forklift truck since the index pin was in place to prevent rotation of the tank.

NOTE: Because abatement of this violation is already documented in the inspection case file, the employer need not submit certification or documentation of abatement of this violation as normally required by 29 CFR 1903.19.

Date By Which Violation Must be Abated:	Corrected During Inspection
Proposed Penalty:	\$ 0.00

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.



Citation and Notification of Penalty

Company Name: [REDACTED]

Inspection Site: [REDACTED]

Citation 2 Item 4 Type of Violation: Other

29 CFR 1910.134(c)(2)(i): Where respirator use is not required and the employer provides respirators at the request of employees or permits employees to use their own respirators, the employer did not determine that such respirator use does not in itself create a hazard and the employer did not provide the respirator users with the information contained in Appendix D of 29 CFR 1910.134 ("Information for Employees Using Respirators When Not Required Under the Standard"):

On or about January 25, 1999.

At the Establishment:

An employee uses a ½ facepiece cartridge respirator while preparing and installing products.

a) The employer did not provide the employee with a copy of Appendix D of 29 CFR 1910.134.

b) The employer did not determine that respirator use does not in itself create a hazard by virtue of the failure of the employer to provide a medical evaluation as specified by 29 CFR 1910.134(e).

NOTE: The employer is required to submit abatement certification for this item in accordance with 29 CFR 1903.19.

Date By Which Violation Must be Abated:	04/26/99
Proposed Penalty:	\$ 0.00



Citation and Notification of Penalty

Company Name: [REDACTED]

Inspection Site: [REDACTED]

Citation 2 Item 5 Type of Violation: **Other**

29 CFR 1910.134(c)(2)(ii): Where respirator use is not required but the employer provides respirators at the request of employees or permits employees to use their own respirators, the employer did not establish and implement those elements of a written respiratory program necessary to ensure that any employee using a respirator voluntarily is medically able to use that respirator; and that the respirator is cleaned, stored, and maintained so that its use does not present a health hazard to the user:

On or about January 25, 1999.

At the Establishment:

a) An employee uses a ½ facepiece cartridge respirator while preparing and installing products. The employer did not establish a written respirator program.

NOTE: The employer is required to submit abatement certification for this item in accordance with 29 CFR 1903.19.

Date By Which Violation Must be Abated:	04/26/99
Proposed Penalty:	\$ 0.00

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.



Citation and Notification of Penalty

Company Name: [REDACTED]

Inspection Site: [REDACTED]

Citation 2 Item 6 Type of Violation: Other

29 CFR 1910.134(e)(1): The employer did not provide a medical evaluation to determine the employee's ability to use a respirator, before the employee is fit tested or required to use the respirator in the workplace:

On or about January 7, 1999.

a) At the establishment.

An employee uses a ½ facepiece cartridge respirator. The employer has not provided a medical evaluation for the employee.

NOTE: The employer is required to submit abatement certification for this item in accordance with 29 CFR 1903.19.

Date By Which Violation Must be Abated:	04/26/99
Proposed Penalty:	\$ 0.00

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.



Citation and Notification of Penalty

Company Name: [REDACTED]

Inspection Site: [REDACTED]

Citation 2 Item 7 Type of Violation: Other

29 CFR 1910.304(f)(4): The path to ground from circuits, equipment, and enclosures was not permanent and continuous:

On or about January 7, 1999

a) Cutting and Polishing Area

Employees used flexible extension cords to energize hand held polishers. The grounding pins were missing from the flexible cords.

ABATEMENT NOTE: Damage to electrical equipment such as removal of grounding pins voids the equipment's approval for use until the equipment is repaired.

NOTE: Because abatement of this violation is already documented in the inspection case file, the employer need not submit certification or documentation of abatement of this violation as normally required by 29 CFR 1903.19.

Date By Which Violation Must be Abated:	Corrected During Inspection
Proposed Penalty:	\$ 0.00

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.



Citation and Notification of Penalty

Company Name: [REDACTED]

Inspection Site: [REDACTED]

Citation 2 Item 8 Type of Violation: Other

29 CFR 1910.305(g)(2)(ii): Flexible cords were not used in continuous lengths without splice or tap:

On or about January 7, 1999

a) Cutting and Polishing Area

Employees used flexible extension cords to energize hand held polishers. The flexible cord in the extension cords had been cut and spliced in several locations. The removed cord insulation was not replaced at the locations of the splices.

ABATEMENT NOTE: It is permitted to splice hard service flexible cords No. 12 or higher only if spliced so that the splice retains the insulation, other sheath properties, and usage characteristics of the cord being spliced.

NOTE: Because abatement of this violation is already documented in the inspection case file, the employer need not submit certification or documentation of abatement of this violation as normally required by 29 CFR 1903.19.

Date By Which Violation Must be Abated:	Corrected During Inspection
Proposed Penalty:	\$ 0.00

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.



Citation and Notification of Penalty

Company Name: [REDACTED]
Inspection Site: 6 [REDACTED] 7

Citation 2 Item 9 Type of Violation: **Other**

29 CFR 1910.305(g)(2)(iii): Flexible cords were not connected to devices and fittings so that tension would not be transmitted to joints or terminal screws:

On or about January 7, 1999

a) Cutting and Polishing Area

Employees used three-wire flexible extension cords to energize hand held polishers. There was no strain relief for the three wires at the plug attachment end of one of the cords.

NOTE: Because abatement of this violation is already documented in the inspection case file, the employer need not submit certification or documentation of abatement of this violation as normally required by 29 CFR 1903.19.

Date By Which Violation Must be Abated:	Corrected During Inspection
Proposed Penalty:	\$ 0.00



Citation and Notification of Penalty

Company Name: [REDACTED]
Inspection Site: [REDACTED] 77

Citation 2 Item 10 Type of Violation: Other

29 CFR 1910.1200(e)(1): The employer did not develop, implement, and/or maintain at the workplace a written hazard communication program which describes how the criteria specified in 29 CFR 1910.1200(f), (g), and (h) will be met:

On or about January 7, 1998.

a) Cutting and Polishing Area.

The employer did not implement a written hazard communication program at the worksite. When cutting, shaping, and polishing, employees are exposed to silica (which can cause silicosis). When using glues and/or silicone stone polish, employees are exposed to hazardous chemicals including, but not limited to, trichloroethylene (a narcotic), styrene monomer (an irritant, central nervous system depressant, narcotic and mutagen), and benzoyl peroxide (an irritant). Employees are also exposed to the hazards of propane (a flammable liquid) which is used to power a forklift.

ABATEMENT NOTE:

A written program should include descriptions of how the criteria for the following will be met:

- 1) Labeling and other forms of warning, including person(s) responsible for ensuring proper labeling, methods of labeling to be used, and procedures to review and update labels when necessary;
- 2) Material Safety Data Sheets, including person(s) responsible, methods of storage and access, and procedures to follow should Material Safety Data Sheets be missing;
- 3) Employee information and training, including person(s) responsible for the training, format of the training, elements of the training program, and procedures for scheduling of the training.

Additionally, a list of hazardous chemicals known to be present in the workplace must be compiled. Methods used to inform employees of the hazards associated with non-routine tasks and to inform contractors of workplace hazards must also be addressed. The written program must be made available upon request.

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.



Citation and Notification of Penalty

Company Name: [REDACTED]

Inspection Site: [REDACTED]

For additional information, refer to Appendix E of 29 CFR 1910.1200.

NOTE: The employer is required to submit abatement certification for this item in accordance with 29 CFR 1903.19.

Date By Which Violation Must be Abated:	04/26/99
Proposed Penalty:	\$ 0.00

Citation 2 Item 11 Type of Violation: **Other**

29 CFR 1910.1200(f)(5)(i): The employer did not ensure that each container of hazardous chemicals in the workplace was labeled, tagged or marked with the identity of the hazardous chemical(s) contained therein:

On or about January 7, 1998.

a) Cutting and Polishing Area.

Employees transferred Akemi Plastics Inc. Hi-Speed Hardening Paste from its original container to a screw-cap container. The screw-cap container was not labeling with the identity of the hardening paste. The material contains, among other hazardous ingredients, benzoyl peroxide (an irritant).

NOTE: The employer is required to submit abatement certification for this item in accordance with 29 CFR 1903.19.

Date By Which Violation Must be Abated:	04/11/99
Proposed Penalty:	\$ 0.00

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.



Citation and Notification of Penalty

Company Name: [REDACTED]

Inspection Site: [REDACTED]

Citation 2 Item 12 Type of Violation: **Other**

29 CFR 1910.1200(f)(5)(ii): The employer did not ensure that each container of hazardous chemicals in the workplace was labeled, tagged or marked with the appropriate hazard warnings:

On or about January 7, 1998.

a) Cutting and Polishing Area.

Employees transferred Akemi Plastics Inc. Hi-Speed Hardening Paste from its original container to a screw-cap container. The screw-cap container was not labeling with chemical hazards of the hardening paste. The material contains, among other hazardous ingredients, benzoyl peroxide (an irritant).

ABATEMENT NOTE: Correct labels list both physical (safety) and health hazards.

NOTE: The employer is required to submit abatement certification for this item in accordance with 29 CFR 1903.19.

Date By Which Violation Must be Abated:	04/11/99
Proposed Penalty:	\$ 0.00



Citation and Notification of Penalty

Company Name: [REDACTED]

Inspection Site: [REDACTED]

Citation 2 Item 13 Type of Violation: Other

29 CFR 1910.1200(g)(1): The employer did not have a material safety data sheet for each hazardous chemical which they used:

On or about January 7, 1998.

a) Cutting and Polishing Area.

Hazardous chemicals for which material safety data sheets were missing include, but are not limited to, silica (which can cause silicosis) whose exposure results from cutting, shaping, and polishing operations; trichloroethylene (a narcotic), styrene monomer (an irritant, central nervous system depressant, narcotic and mutagen), and benzoyl peroxide (an irritant) whose exposures result during gluing and polishing operations; and propane (a flammable liquid) whose exposure results from use of a propane powered forklift.

ABATEMENT NOTE: When raw materials are used in such a manner that employees are exposed to hazardous chemicals, the employer must obtain Material Safety Data Sheets from the manufacturers or importers of the materials. For example, if marble slabs contain a percentage of silica, and if employees shape or polish the slabs so that silica dust is liberated into the air, a Material Safety Data Sheet for the material must be obtained.

NOTE: The employer is required to submit abatement certification for this item in accordance with 29 CFR 1903.19.

Date By Which Violation Must be Abated:	04/26/99
Proposed Penalty:	\$ 0.00



Citation and Notification of Penalty

Company Name: [REDACTED]

Inspection Site: [REDACTED]

Citation 2 Item 14 Type of Violation: Other

29 CFR 1910.1200(h)(1): Employees were not provided information and training as specified in 29 CFR 1910.1200(h)(2) and (3) on hazardous chemicals in their work area at the time of their initial assignment and whenever a new physical or health hazard the employees have not been previously trained about was introduced into their work area:

On or about January 7, 1998.

a) Cutting and Polishing Area.

Employees who use materials such as, but not limited to,

silica (a component of the airborne dust generated during cutting and polishing of marble which can cause silicosis);

trichloroethylene (a narcotic), styrene monomer (an irritant, central nervous system depressant, narcotic and mutagen), and benzoyl peroxide (an irritant) [which are used during gluing and polishing operations]; and

propane (a flammable liquid which is used to power a forklift)

were not informed of all of the following:

- 1) The requirements of this section;
- 2) Any operations where hazardous chemicals are present; and
- 3) The location and availability of the written Hazard Communication Program, list(s) of hazardous chemicals, and Material Safety Data Sheets.

Employees were not trained in at least all of the following topics:

- 1) Methods and observances that may be used to detect the presence or release of a hazardous chemical in the work area;
- 2) The physical and health hazards of the chemicals in the work area;

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.



Citation and Notification of Penalty

Company Name: [REDACTED]

Inspection Site: [REDACTED]

- 3) The measures employees can take to protect themselves, such as specific procedures, appropriate work practices, emergency procedures and personal protective equipment to be used; and
- 4) The details of the Hazard Communication Program, including an explanation of the labeling systems, Material Safety Data Sheets, and how employees can obtain and use the appropriate hazard information.

NOTE: The employer is required to submit abatement certification for this item in accordance with 29 CFR 1903.19.

Date By Which Violation Must be Abated:	04/26/99
Proposed Penalty:	\$ 0.00

[REDACTED SIGNATURE]
Area Director

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

F A X

DATE : Monday, February 22, 1999

TO :

CC :

PAGES: 9

COMPANY : US Dept. of Labor

FAX : 914-524-7515

FROM :

SUBJECT : Corrected MSDS-es

FEB 22 PM 4:01
U.S. MAIL REGION II

Dear Mr. :

I am faxing to you corrected per your request MSDS-es of our Buff Flowing and HSP products. I need more time to create the proper MSDS of the product we import from Germany. Our supplier promised cooperation but needs time to collect data. I will fax these corrected MSDS-es some time this week, as soon as I get feed back from Europe. Please, let me know if you have any other suggestions which could help us to create the ideal Material Safety Data Sheet required by OSHA regulations.

Thank you for your patience,

Sincerely,

Senior Development

ist

*MSDS'S FILED WITH IN
APPENDIX*

[REDACTED]

March 29th, 1999

US Dept of Labor
Occupational Safety and Health Administration
Tarrytown Area Office
660 White Plains Rd - 4th Floor
Tarrytown, NY 10591-5107

ATTN: Ms.

RE: Informal Conference
Inspection #301480580
Inspection Dates: 01/07/99 and 02/18/99
Issuance Date: 03/24/99

Dear Ms.

This will confirm the informal conference which is scheduled to take place on April 12th, 1999,
at 10 AM via telephone between myself and either or

As per our discussion the conference must take place prior to April 15th, 1999, therefore,

I do not wish to hold the informal conference any later than April 12th.

If there are any questions please call me at 201

Thank you.

Very truly yours.

On 3/30
RH 3/30

U.S. Department of Labor
Occupational Safety and Health Administration
Tarrytown Area Office
660 White Plains Road, 4th Floor
Tarrytown NY 10591-5107
Phone: (914)524-7510 FAX: (914)524-7515
OSHA Website Address: <http://www.osha.gov>



Citation and Notification of Penalty

To:

[REDACTED]
and its successors
[REDACTED]
[REDACTED]

Inspection Number: 301460580
Inspection Date(s): 01/07/99 - 03/24/99
Issuance Date: 03/24/99

Inspection Site:

ATTN: [REDACTED]

The violation(s) described in this Citation and Notification of Penalty is (are) alleged to have occurred on or about the day(s) the inspection was made unless otherwise indicated within the description given below.

This Citation and Notification of Penalty (this Citation) describes violations of the Occupational Safety and Health Act of 1970. The penalty(ies) listed herein is (are) based on these violations. You must abate the violations referred to in this Citation by the dates listed and pay the penalties proposed, unless within 15 working days (excluding weekends and Federal holidays) from your receipt of this Citation and Notification of Penalty you mail a notice of contest to the U.S. Department of Labor Area Office at the address shown above. Please read the following paragraphs which outline your rights and responsibilities. Issuance of this Citation does not constitute a finding that a violation of the Act has occurred unless there is a failure to contest as provided for in the Act or, if contested, unless this Citation is affirmed by the Review Commission or a court.

Posting - The law requires that a copy of this Citation and Notification of Penalty be posted immediately in a prominent place at or near the location of the violation(s) cited herein, or, if it is not practicable because of the nature of the employer's operations, where it will be readily observable by all affected employees. This Citation must remain posted until the violation(s) cited herein has (have) been abated, or for 3 working days (excluding weekends and Federal holidays), whichever is longer. The penalty dollar amounts need not be posted and may be marked out or covered up prior to posting.

Informal Conference - An informal conference is not required. However, if you wish to have such a conference you may call to request one with the Area Director before the 15 working day contest period ends. During such an informal conference you may present any evidence or views which you believe would support an adjustment to the citation(s) and/or penalty(ies).

If you decide to request an informal conference, call our office at (914) 524-7510 between 8AM and 4PM for an appointment. Complete, remove and post the page 4 Notice to Employees next to this Citation and Notification of

Penalty as soon as the time, date, and place of the informal conference have been determined. Be sure to bring to the conference any and all supporting documentation of existing conditions as well as any abatement steps taken thus far. If conditions warrant, we can enter into an informal settlement agreement which amicably resolves this matter without litigation or contest.

If you are considering a request for an informal conference to discuss any issues related to this Citation and Notification of Penalty, you must take care to schedule it early enough to allow time to contest after the informal conference, should you decide to do so. Please keep in mind that, if you intend to contest, a written letter of intent to contest must be submitted to the Area Director within 15 working days of your receipt of this Citation. The running of this contest period is not interrupted by an informal conference.

Right to Contest - You have the right to contest this Citation and Notification of Penalty. You may contest all citation items or only individual items. You may also contest proposed penalties and/or abatement dates without contesting the underlying violations. Unless you inform the Area Director in writing that you intend to contest the citation(s) and/or proposed penalty(ies) within 15 working days after receipt, the citation(s) and the proposed penalty(ies) will become a final order of the Occupational Safety and Health Review Commission and may not be reviewed by any court or agency.

You should be aware that OSHA publishes information on its inspection and citation activity on the Internet under the provisions of the Electronic Freedom of Information Act. The information related to your inspection will be available 30 calendar days after the Citation Issuance Date. You are encouraged to review the information concerning your establishment at the OSHA Internet site at WWW.OSHA.GOV. If you have any dispute with the accuracy of the information displayed, please contact this office.

Penalty Payment - Penalties are due within 15 working days of receipt of this notification unless contested. (See the enclosed booklet and the additional information provided related to the Debt Collection Act of 1982.) Make your check or money order payable to "DOL-OSHA". Please indicate the Inspection Number on the remittance. OSHA does not agree to any restrictions or conditions or endorsements put on any check or money order for less than the full amount due, and will cash the check or money order as if these restrictions, conditions, or endorsements do not exist.

Notification of Corrective Action - For violations which you do not contest, you should notify the U.S. Department of Labor Area Office promptly by letter that you have taken appropriate corrective action within the time frame set forth on this Citation. Please inform the Area Office in writing of the abatement steps you have taken and of their dates, together with adequate supporting documentation, e.g., drawings or photographs of corrected conditions, purchase/work orders related to abatement actions, air sampling results, etc. Attached is a letter with a form to assist you in meeting this requirement.

Employer Discrimination Unlawful - The law prohibits discrimination by an employer against an employee for filing a complaint or for exercising any rights under this Act. An employee who believes that he/she has been discriminated against may file a complaint no later than 30 days after the discrimination occurred with the U.S. Department of Labor Area Office at the address shown above.

Employer Rights and Responsibilities - The enclosed booklet (OSHA 3000) outlines additional employer rights and responsibilities and should be read in conjunction with this notification.

Notice to Employees - The law gives an employee or his/her representative the opportunity to object to any abatement date set for a violation if he/she believes the date to be unreasonable. The contest must be mailed to the U.S. Department of Labor Area Office at the address shown above and postmarked within 15 working days (excluding weekends and Federal holidays) of the receipt by the employer of this Citation and Notification of Penalty.



NOTICE TO EMPLOYEES OF INFORMAL CONFERENCE

An informal conference has been scheduled with OSHA to discuss the citation(s) issued on 03/24/99. The conference will be held at the OSHA office located at Tarrytown Area Office, 660 White Plains Road 4th Floor, Tarrytown, NY, 10591-5107 on _____ at _____. Employees and/or representatives of employees have a right to attend an informal conference.

U.S. Department of Labor
Occupational Safety and Health Administration
Tarrytown Area Office
660 White Plains Road, 4th Floor
Tarrytown NY 10591-5107
Phone: (914)524-7510 FAX: (914)524-7515
OSHA Website Address: <http://www.osha.gov>



INVOICE/ DEBT COLLECTION NOTICE

Company Name: [REDACTED]
Inspection Site: [REDACTED]
Issuance Date: 03/24/99

Summary of Penalties for Inspection Number 301460580

Citation 1, Serious	= \$	450.00
Citation 2, Other	= \$	300.00
TOTAL PROPOSED PENALTIES	= \$	750.00

To avoid additional charges, please remit payment promptly to this Area Office for the total amount of the uncontested penalties summarized above. Make your check or money order payable to: "DOL-OSHA". Please indicate OSHA's Inspection Number (indicated above) on the remittance.

OSHA does not agree to any restrictions or conditions or endorsements put on any check or money order for less than full amount due, and will cash the check or money order as if these restrictions, conditions, or endorsements do not exist.

Pursuant to the Debt Collection Act of 1982 (Public Law 97-365) and regulations of the U.S. Department of Labor (29 CFR Part 20), the Occupational Safety and Health Administration is required to assess interest, delinquent charges, and administrative costs for the collection of delinquent penalty debts for violations of the Occupational Safety and Health Act.

Interest. Interest charges will be assessed at an annual rate determined by the Secretary of the Treasury on all penalty debt amounts not paid within one month (30 calendar days) of the date on which the debt amount becomes due and payable (penalty due date). The current interest rate is 3%. Interest will accrue from the date on which the penalty amounts (as proposed or adjusted) become a final order of the Occupational Safety and Health Review Commission (that is, 15 working days from your receipt of the Citation and Notification of Penalty), unless you file a notice of contest. Interest charges will be waived if the full amount owed is paid within 30 calendar days of the final order.

Delinquent Charges. A debt is considered delinquent if it has not been paid within one month (30 calendar days) of the penalty due date or if a satisfactory payment arrangement has not been made. If the debt remains delinquent for more than 90 calendar days, a delinquent charge of six percent (6%) per annum will be assessed accruing from the date that the debt became delinquent.

Administrative Costs. Agencies of the Department of Labor are required to assess additional charges for the recovery of delinquent debts. These additional charges are administrative costs incurred by the Agency in its attempt to collect an unpaid debt. Administrative costs will be assessed for demand letters sent in an attempt to collect the unpaid debt.

Area Director

Date

3/24/98

U.S. Department of Labor

Occupational Safety and Health Administration
Tarrytown Area Office
660 White Plains Road 4th Floor
Tarrytown NY 10591-5107
(914) 524-7510
Fax: (914) 524-7515
OSHA Website Address: <http://www.osha.gov>



March 24, 1999

Mr.

Dear Mr.

An inspection of your workplace at _____, Ramapo NY begun on January 6, 1999 disclosed the following conditions.

Dust that settled on work surfaces contained 30% silica. The dust was apparently generated during shaping and polishing operations. Personal monitoring performed during the inspection did not measure any silica in the air. Apparently, the presence of silica in the raw materials varies with the type of marble. There exists no exposure records (in the form of material safety data sheets) that describes the silica content of the materials and no exposure records (in the form of air monitoring) that evaluates employee exposure levels to silica [as required by 29 CFR 1910.134(d)(1)(i)].

Because OSHA monitoring did not measure an overexposure, no citation will be issued for this hazard. Because the results of OSHA monitoring suggest that an overexposure may be possible should employees shape and polish raw materials that contain silica, I recommend that you take the following steps voluntarily to eliminate or reduce your employees' exposure to the hazards described above.

Obtain material safety data sheets for all your raw materials. If any of the materials contain silica and you determine that you will continue to use silica containing materials, you must perform air monitoring under conditions that would measure the maximum daily exposure levels that employees are exposed to. Based upon the sampling results, you would then need to evaluate engineering controls and/or personal protective equipment needed to eliminate the hazard to the employees.

Sincerely,

Area Director

U.S. Department of Labor

Occupational Safety and Health Administration
Tarrytown Area Office
660 White Plains Road 4th Floor
Tarrytown NY 10591-5107
(914) 524-7510
Fax: (914) 524-7515
OSHA Website Address: <http://www.osha.gov>



March 24, 1999

Mr. [REDACTED], Inspector
[REDACTED]
[REDACTED]

Dear Mr. [REDACTED]:

In response to your referral concerning health hazards at:
[REDACTED]
[REDACTED]
[REDACTED]

the Occupational Safety and Health Administration conducted an inspection there. That inspection was completed on March 24, 1999. The results of our investigation of your referral items are as follows:

A sample of settled dust taken from the work surfaces was analyzed by the OSHA Lab and found to contain 30% silica. The settled dust was apparently generated during operations prior to the OSHA investigation. Results of personal air monitoring performed during cutting, shaping, and polishing operations showed no silica in the dust generated during the operations. Therefore, the investigation did not find concentrations of air contaminants in the air in excess of concentrations allowed by OSHA regulations. The mere presence of such dust does not violate any OSHA regulation.

The employer is being cited for various violations of OSHA regulations involving conditions other than silica overexposures. Correction of one of these violations will require the employer to obtain material safety data sheets for the different types of raw materials from which dust is generated during shaping and polishing. If any of the material safety data sheets indicate silica as a component of the material, and if the employer continues to use this material, the employer will have to resample to determine the silica exposure of the employees to comply with 29 CFR 1910.134(d)(1)(i). If the employer fails to send an abatement letter verifying compliance with this requirement, a follow-up investigation would likely be scheduled.

Attached for your information is a copy of the OSHA-2, Citation and Notification of Penalty, which was sent to the employer on March 22, 1999 and should have been posted at the workplace for at least three days after receipt.

Thank you for your interest in safety and health in the workplace.

Respectfully,


Area Director

Enclosure



Fax Cover Page

To:

LAB res. TTAO_

From: SLTC SAMPLING RESULTS

Date: 3-MAR-1999

There are 6 pages including this cover page.

U. S. DEPARTMENT OF LABOR
OCCUPATIONAL SAFETY & HEALTH ADMINISTRATION
Salt Lake Technical Center
1781 South 300 West
Salt Lake City, UT 84115-1802

Phone 801-487-0680
FAX 801-487-1190

01-28-99 20:38

From-AXSON (H AMERICA

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F A X

DATE: 1-29-98 FROM: _____

TO: _____ COMPANY: OSHA

SUBJECT: _____

FAX # _____ PAGES: _____

MESSAGE :

01-29-98 10:10
01-29-98 10:10
01-29-98 10:10

[REDACTED]



Inspection Report

Wed Mar 24, 1999 5:44pm

Rpt ID	Assignment Nr.	CSHO ID	Supervisor ID	Inspection Nr.	Opt. Insp. Nr.
0216000	879040673	M2116	G6803	301460580	387

Establishment Name			
Site Address	Site Phone	Site FAX	
Mailing Address	Mail Phone	Mail FAX	
Controlling Corp	Employer ID		
Ownership	A. Private Sector	City	5077
Legal Entity		County	087
Previous Activity (State Only)			

Related Activity					
Type	Number	Satisfied	Type	Number	Satisfied
R. Referral	901468447	Health			

Employed in Establishment	2	Advance Notice?	No	Category	H. Health
Covered By Inspection	2	Union?	No	Primary SIC	3281
Controlled By Employer	4	Walkaround?	No	Secondary SIC	
		Interviewed? (State only)		Inspected (State Only)	

OSHA-200 Log Entries	Not Available	Year	LWDI Rate
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Inspection Type	C. Referral	Reason No Inspection
Scope of Inspection	B. Partial Inspection	
Classification		

Anticipatory Warrant Served?	No	Denial Date	Date ReEntered	Date ReDenied	ReEntered
Anticipatory Subpoena Served?	No				

Entry	01/06/99	13:15	First Closing Conference	03/24/99	12:00
Opening Conference	01/07/99	14:00	Second Closing Conference		
Walkaround	01/07/99	14:30	Exit	02/17/99	16:00
Days On Site	3		Case Closed		
			No Citations Issued		

Type	ID	Optional Information
N	20	SIC 3281 IS NOT EXEMPTED BY THE APPROPRIATIONS

CSHO Signature	Date
	3-29-99



Citation and Notification of Penalty

Company Name: [REDACTED]

Inspection Site: [REDACTED]

The alleged violations below have been grouped because they involve similar or related hazards that may increase the potential for injury resulting from an accident.

Citation 1 Item 1a Type of Violation: Serious

29 CFR 1910.132(d)(1): The employer did not assess the workplace to determine if hazards are present, or are likely to be present, which necessitate the use of personal protective equipment (PPE):

On or about January 25, 1999.

a) Cutting and Polishing Room:

The employer did not perform a comprehensive hazard assessment of the workplace, as outlined in Appendix B to 29 CFR 1910 - Subpart I, to determine the proper personal equipment that must be used to protect employees from the identified hazards. Examples of hazards present in the workplace include, but are not limited to, the following hazards.

During the cutting of marble slabs with the 16" stone cutting blade, employees do not wear eye protection with side protection. During this operation, the diamond elements in the blade can become dislodged from the wheel thus becoming a projectile.

ABATEMENT NOTE: As part of the hazard assessment procedures mandated by 29 CFR 1910.132(d) and (f), employers must:

- 1) select and ensure the use of personal protective equipment that will adequately protect affected employees from the identified hazards;
- 2) communicate selection decisions to each affected employee;
- 3) select personal protective equipment that properly fits each affected employee;
- 4) train employees in the proper use of their personal protective equipment, including all the topics listed in 29 CFR 1910.132 (f)(1); and
- 5) certify in writing that the hazard assessment and required training was performed.

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.



Citation and Notification of Penalty

Company Name: [REDACTED]

Inspection Site: [REDACTED]

The hazard assessment certification must include an identification of the workplace(s) covered by the assessment, the person certifying that the evaluation has been performed, the date(s) of the hazard assessment(s), and a statement that identifies the document as the personal protective equipment hazard assessment certification.

The training certification must include the name of each employee trained, the date(s) of the training, and a statement that identifies the document as the personal protective equipment training certification.

NOTE: The employer is required to submit abatement certification for this item in accordance with 29 CFR 1903.19.

Date By Which Violation Must be Abated:	04/26/99
Proposed Penalty:	\$ 450.00

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.



Citation and Notification of Penalty

Company Name: [REDACTED]

Inspection Site: [REDACTED]

Citation 1 Item 1b Type of Violation: Serious

29 CFR 1910.132(f)(1): The employer did not provide training to each employee who is required to use personal protective equipment.

On or about January 25, 1999.

a) Cutting and Polishing Room:

Employees were not adequately trained in the use of personal protective equipment, as demonstrated by the following condition.

During the cutting of marble slabs with the 16" stone cutting blade, employees do not wear eye protection with side protection. During this operation, the diamond elements in the blade can become dislodged from the wheel thus becoming a projectile.

Failure of employees to recognize the need to wear eye protection with side protection during the cutting operation demonstrates the lack of training of the employees.

ABATEMENT NOTE: At a minimum, employees must be trained in the following: when personal protective equipment is necessary, what personal protective equipment is necessary, how to properly don, doff, adjust, and wear personal protective equipment, the limitations of the personal protective equipment, and the proper care, maintenance, useful life and disposal of the personal protective equipment.

NOTE: The employer is required to submit abatement certification for this item in accordance with 29 CFR 1903.19.

Date By Which Violation Must be Abated:

04/26/99

U.S. Department of Labor
Occupational Safety and Health Administration

Inspection Number: 301460580
Inspection Dates: 01/07/99 - 03/24/99
Issuance Date: 03/24/99



Citation and Notification of Penalty

Company Name: [REDACTED]

Inspection Site: [REDACTED]

Citation 1 Item 1c Type of Violation: **Serious**

29 CFR 1910.133(a)(2):Employer did not ensure that each affected employee used eye protection that provided side protection when there was a hazard from flying objects:

On or about January 25, 1999.

a) Cutting and Polishing Room:

During the cutting of marble slabs with the 16" stone cutting blade, employees were not wearing eye protection with side protection. During this operation, the diamond elements in the blade can become dislodged from the wheel thus becoming a projectile.

NOTE: The employer is required to submit abatement certification for this item in accordance with 29 CFR 1903.19.

Date By Which Violation Must be Abated: 04/19/99

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

U.S. Department of Labor
Occupational Safety and Health Administration

Inspection Number: 301460580
Inspection Dates: 01/07/99 - 03/24/99
Issuance Date: 03/24/99



Citation and Notification of Penalty

Company Name: [REDACTED]

Inspection Site: [REDACTED]

Citation 2 Item 1 Type of Violation: Other

29 CFR 1903.2(a)(1): The OSHA notice was not posted to inform employees of the protections and obligations provided for in the Act:

On or about January 9, 1999.

At the Establishment:

The OSHA notice was not posted.

NOTE: Because abatement of this violation is already documented in the inspection case file, the employer need not submit certification or documentation of abatement of this violation as normally required by 29 CFR 1903.19.

Date By Which Violation Must be Abated:	Corrected During Inspection
Proposed Penalty:	\$ 0.00

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.



Citation and Notification of Penalty

Company Name: [REDACTED]

Inspection Site: [REDACTED]

Citation 2 Item 2 Type of Violation: **Other**

29 CFR 1910.95(d)(1): A representative monitoring program was not developed and implemented when information indicated that an employee's exposure may equal or exceed an 8-hour time-weighted average of 85 dBA:

On or about January 26, 1999.

a) At the Establishment

On January 26, 1999, employees were monitored for noise exposure while performing shaping and polishing operations. During shaping operations, employees were exposed to noise levels equal to approximately 100 dBA [decibels as measured on the A weighted scale]. During polishing operations, employees were exposed to noise levels between 85 dBA and 90 dBA. Based upon information obtained during the investigation, employees periodically perform these operations long enough during one eight hour shift to exceed the 8-hour time-weighted average of 85 dBA. The employer has not established a representative noise monitoring program to evaluate employees' noise exposure.

ABATEMENT NOTE: Because the monitoring program must identify employees required to be included in a hearing conservation program, the monitoring must be conducted under conditions that measure the employees' maximum noise exposure during operations. Therefore, the monitoring must be done during those jobs that entail the largest amounts of shaping and polishing operations.

If noise monitoring indicates that employees are exposed to average noise levels in excess of 85 dBA, an effective hearing conservation program in compliance with 29 CFR 1910.95(c)-(n) and its appendices must be implemented. In addition to noise monitoring, such a program must include the following.

- (1) Provision a selection of hearing protectors from which employees can choose. The hearing protection must be individually fitted and must provide adequate noise reduction as determined by its Noise Reduction Rating (NRR). Evaluation of the adequacy of the hearing protection must be calculated according to an approved NIOSH method. Employee use of hearing protection when required by the noise standard must be enforced.
- (2) Training and education of each overexposed employee. Training must include the following topics:
 - a) the effects of noise on hearing; b) the purpose of hearing protectors; c) the advantages, disadvantages, and attenuation of the various types of hearing protectors; d) the selection, fitting, use and care of the hearing protectors; and e) the purpose of and procedures for audiometric testing.

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.



Citation and Notification of Penalty

Company Name: [REDACTED]

Inspection Site: [REDACTED]

-
- (3) Institution of a medical monitoring program. This program must include following elements: a) obtaining a baseline audiogram for overexposed employees as soon as possible; b) obtaining additional audiograms annually; and c) evaluating the audiograms to determine if it is valid and if a threshold hearing shift has occurred. Employees must avoid exposure to workplace noise for at least 14 hours before audiometric testing for the baseline audiogram.
- (4) Procedures for preventing further occupational hearing loss whenever an employee has suffered a standard threshold shift (which is defined as an average hearing loss greater than 10 decibels at the frequencies of 2000, 3000, and 4000 Hz). At a minimum, employees must be informed that they have suffered a standard threshold shift, they must be retrained, and the adequacy of the their hearing protection must be reevaluated.
- (5) Maintenance of noise monitoring and audiometric testing records, as required by the "Access to Employee Exposure and Medical Records" regulation.

When average noise levels exceed 90 dBA, the hearing conservation program must also include implementation of all feasible engineering, work practice, and administrative controls needed to reduce employee noise exposure under 90 dBA.

NOTE: The employer is required to submit abatement certification for this item in accordance with 29 CFR 1903.19.

Date By Which Violation Must be Abated:	04/26/99
Proposed Penalty:	\$ 300.00

U.S. Department of Labor
Occupational Safety and Health Administration

Inspection Number: 301460580
Inspection Dates: 01/07/99 - 03/24/99
Issuance Date: 03/24/99



Citation and Notification of Penalty

Company Name: [REDACTED]

Inspection Site: [REDACTED]

Citation 2 Item 3 Type of Violation: **Other**

29 CFR 1910.110(e)(4)(iii): Permanent and removable fuel containers were not securely mounted to prevent jarring loose, slipping, or rotating:

January 25, 1999

a) At the Establishment:

The propane tank used to fuel the forklift truck was not securely mounted to the forklift truck since the index pin was in place to prevent rotation of the tank.

NOTE: Because abatement of this violation is already documented in the inspection case file, the employer need not submit certification or documentation of abatement of this violation as normally required by 29 CFR 1903.19.

Date By Which Violation Must be Abated:	Corrected During Inspection
Proposed Penalty:	\$ 0.00

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

U.S. Department of Labor
Occupational Safety and Health Administration

Inspection Number: 301460580
Inspection Dates: 01/07/99 - 03/24/99
Issuance Date: 03/24/99



Citation and Notification of Penalty

Company Name: [REDACTED]

Inspection Site: [REDACTED]

Citation 2 Item 4 Type of Violation: Other

29 CFR 1910.134(c)(2)(i): Where respirator use is not required and the employer provides respirators at the request of employees or permits employees to use their own respirators, the employer did not determine that such respirator use does not in itself create a hazard and the employer did not provide the respirator users with the information contained in Appendix D of 29 CFR 1910.134 ("Information for Employees Using Respirators When Not Required Under the Standard"):

On or about January 25, 1999.

At the Establishment:

An employee uses a ½ facepiece cartridge respirator while preparing and installing products.

- a) The employer did not provide the employee with a copy of Appendix D of 29 CFR 1910.134.
- b) The employer did not determine that respirator use does not in itself create a hazard by virtue of the failure of the employer to provide a medical evaluation as specified by 29 CFR 1910.134(e).

NOTE: The employer is required to submit abatement certification for this item in accordance with 29 CFR 1903.19.

Date By Which Violation Must be Abated:	04/26/99
Proposed Penalty:	\$ 0.00

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

U.S. Department of Labor
Occupational Safety and Health Administration

Inspection Number: 301460580
Inspection Dates: 01/07/99 - 03/24/99
Issuance Date: 03/24/99



Citation and Notification of Penalty

Company Name: [REDACTED]

Inspection Site: [REDACTED]

Citation 2 Item 5 Type of Violation: Other

29 CFR 1910.134(c)(2)(ii): Where respirator use is not required but the employer provides respirators at the request of employees or permits employees to use their own respirators, the employer did not establish and implement those elements of a written respiratory program necessary to ensure that any employee using a respirator voluntarily is medically able to use that respirator; and that the respirator is cleaned, stored, and maintained so that its use does not present a health hazard to the user:

On or about January 25, 1999.

At the Establishment:

a) An employee uses a ½ facepiece cartridge respirator while preparing and installing products. The employer did not establish a written respirator program.

NOTE: The employer is required to submit abatement certification for this item in accordance with 29 CFR 1903.19.

Date By Which Violation Must be Abated:	04/26/99
Proposed Penalty:	\$ 0.00

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

U.S. Department of Labor
Occupational Safety and Health Administration

Inspection Number: 301460580
Inspection Dates: 01/07/99 - 03/24/99
Issuance Date: 03/24/99



Citation and Notification of Penalty

Company Name: [REDACTED]

Inspection Site: [REDACTED]

Citation 2 Item 6 Type of Violation: Other

29 CFR 1910.134(e)(1): The employer did not provide a medical evaluation to determine the employee's ability to use a respirator, before the employee is fit tested or required to use the respirator in the workplace:

On or about January 7, 1999.

a) At the establishment.

An employee uses a 1/2 facepiece cartridge respirator. The employer has not provided a medical evaluation for the employee.

NOTE: The employer is required to submit abatement certification for this item in accordance with 29 CFR 1903.19.

Date By Which Violation Must be Abated:	04/26/99
Proposed Penalty:	\$ 0.00

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

U.S. Department of Labor
Occupational Safety and Health Administration

Inspection Number: 301460580
Inspection Dates: 01/07/99 - 03/24/99
Issuance Date: 03/24/99



Citation and Notification of Penalty

Company Name: [REDACTED]

Inspection Site: [REDACTED]

Citation 2 Item 7 Type of Violation: **Other**

29 CFR 1910.304(f)(4): The path to ground from circuits, equipment, and enclosures was not permanent and continuous:

On or about January 7, 1999

a) Cutting and Polishing Area

Employees used flexible extension cords to energize hand held polishers. The grounding pins were missing from the flexible cords.

ABATEMENT NOTE: Damage to electrical equipment such as removal of grounding pins voids the equipment's approval for use until the equipment is repaired.

NOTE: Because abatement of this violation is already documented in the inspection case file, the employer need not submit certification or documentation of abatement of this violation as normally required by 29 CFR 1903.19.

Date By Which Violation Must be Abated:	Corrected During Inspection
Proposed Penalty:	\$ 0.00

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

U.S. Department of Labor
Occupational Safety and Health Administration

Inspection Number: 301460580
Inspection Dates: 01/07/99 - 03/24/99
Issuance Date: 03/24/99



Citation and Notification of Penalty

Company Name: [REDACTED]

Inspection Site: [REDACTED]

Citation 2 Item 8 Type of Violation: Other

29 CFR 1910.305(g)(2)(ii): Flexible cords were not used in continuous lengths without splice or tap:

On or about January 7, 1999

a) Cutting and Polishing Area

Employees used flexible extension cords to energize hand held polishers. The flexible cord in the extension cords had been cut and spliced in several locations. The removed cord insulation was not replaced at the locations of the splices.

ABATEMENT NOTE: It is permitted to splice hard service flexible cords No. 12 or higher only if spliced so that the splice retains the insulation, other sheath properties, and usage characteristics of the cord being spliced.

NOTE: Because abatement of this violation is already documented in the inspection case file, the employer need not submit certification or documentation of abatement of this violation as normally required by 29 CFR 1903.19.

Date By Which Violation Must be Abated:	Corrected During Inspection
Proposed Penalty:	\$ 0.00

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

U.S. Department of Labor
Occupational Safety and Health Administration

Inspection Number: 301460580
Inspection Dates: 01/07/99 - 03/24/99
Issuance Date: 03/24/99



Citation and Notification of Penalty

Company Name: [REDACTED]

Inspection Site: [REDACTED]

Citation 2 Item 9 Type of Violation: **Other**

29 CFR 1910.305(g)(2)(iii): Flexible cords were not connected to devices and fittings so that tension would not be transmitted to joints or terminal screws:

On or about January 7, 1999

a) Cutting and Polishing Area

Employees used three-wire flexible extension cords to energize hand held polishers. There was no strain relief for the three wires at the plug attachment end of one of the cords.

NOTE: Because abatement of this violation is already documented in the inspection case file, the employer need not submit certification or documentation of abatement of this violation as normally required by 29 CFR 1903.19.

Date By Which Violation Must be Abated:	Corrected During Inspection
Proposed Penalty:	\$ 0.00

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

Penalty Calculations				Adjustment Factors			Proposed Adjusted Penalty
Severity	Probability	Gravity	GBP	Size	Good Faith	History	

Referral Report

U.S. Department of Labor
Occupational Safety and Health Administration

MOD Date	1. Reporting ID	2. Previous Activity? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Enter Type: Number:	3. Referral Number (Identifies this Referral) 901468447
4. a. <input type="checkbox"/> Change? b. Establishment Name			
6. a. <input type="checkbox"/> Change? b. Site Address (Street, City, State, ZIP)			
7. City Code 8. County Code			
9. Mailing Address (Street, City, State, ZIP)			
10. Type of Business			
11. Primary SIC 12. No. of Employees			
13. Ownership (Mark "X" in one box) a. <input type="checkbox"/> Private Sector b. <input type="checkbox"/> Local Government c. <input type="checkbox"/> State Government d. <input type="checkbox"/> Federal Agency/Code			
14. Referred by: a. <input type="checkbox"/> CSHO (Within office)/CSHO ID b. <input type="checkbox"/> Federal OSHA c. <input type="checkbox"/> State OSH d. <input type="checkbox"/> Discrimination e. <input type="checkbox"/> Other Federal Agency/Code			
15. Date Received: f. <input type="checkbox"/> Consultation g. <input type="checkbox"/> State/Local Government h. <input type="checkbox"/> Media i. <input type="checkbox"/> Other (specify)			
16. Source or Contact (Name, Location, Affiliation, Telephone Number)			
17. a. Safety (1) <input type="checkbox"/> Imminent Danger (2) <input type="checkbox"/> Serious (3) <input type="checkbox"/> Other b. Health (1) <input type="checkbox"/> Imminent Danger (2) <input type="checkbox"/> Serious (3) <input type="checkbox"/> Other			
18. <input type="checkbox"/> Migrant Farmworker Camp			

19. Hazard Description

(1)

Cont'd

20. a. <input type="checkbox"/> Send Letter	b. Date Letter Sent:	c. Date Response Due:	21. Supervisor(s) Assigned a. b.
22. Inspection Planned? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Priority:	If No, Reason:	
23. Transfer to (Name):		24. Transfer Date:	
25. Transfer to (Category): a. <input type="checkbox"/> Federal OSHA/Reporting ID b. <input type="checkbox"/> State OSH/Reporting ID		c. <input type="checkbox"/> Other Federal Agency/Code d. <input type="checkbox"/> State/Local Government e. <input type="checkbox"/> Other	

26. Optional Information

Type	ID	Value	Type	ID	Value

54 COMPLAINT REPORT (Form 100-100) (Rev. 10/93)

25. Other Employer Information : *on file in the OSHA file*

26. Classification:				
Serious	Knowledge	S or O	Repeat?	Willful?
Y	Y	S	N	N

First Repeat	Second Repeat	Repeat Penalty

INJURY VIOLATION PENALTY COMPUTATION

INJURY DESCRIPTION: Material embedded in the eye resulting in temporary sight impairment.

SEVERITY: High _____ Medium _____ Low x Minimal _____

PROBABILITY OF INJURY:

Number Exposed: 2

Frequency: Continuous _____ Daily _____ Weekly _____ Partial Shift _____ Short xProximity to Danger: Danger Point _____ Near x Fringe _____

Stress Factor: n/a

Other Factors: Employees usually stand to the side of the rotating blade, lowering the probability that the projectile would travel towards them. However, since one employee can walk around the room while the other employee is cutting, being struck by a flying object is a possibility.

FINAL PROBABILITY ASSESSMENT: GREATER _____ LESSER x

ADJUSTMENT FACTORS

Good Faith: 25% _____
 15% _____
 0% x

Justification:

The company has no written safety and health programs.

History: 10% x
 0% _____

Justification:

The company has no history of previous violations.

Event Date	Event Code	Action Code	Citation Type	Penalty	Abate Date	Final Order
03/24/99	Z Add transaction	A Add	S Serious	450.00	04/26/99	



Worksheet

Wed Mar 24, 1999 5:42pm

				Inspection Number	301460580
				Opt. Insp. Number	387
Establishment Name	[REDACTED]				
Type of Violation	S Serious	Citation Number	01	Item/Group	001 (b)
Number Exposed	2	No. Instances	1	REC	
Std. Alleged Vio.	1910.0132(f)(1)				

Abatement Period	MultiStep Abatements			Final Abatement	Action Type/Dates
	PPE Period	Plan	Report		
30				04/26/99	

Substance Codes	
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AVD/Variable Information:

29 CFR 1910.132(f)(1): The employer did not provide training to each employee who is required to use personal protective equipment.

On or about January 25, 1999.

a) Cutting and Polishing Room:

Employees were not adequately trained in the use of personal protective equipment, as demonstrated by the following condition.

During the cutting of marble slabs with the 16" stone cutting blade, employees do not wear eye protection with side protection. During this operation, the diamond elements in the blade can become dislodged from the wheel thus becoming a projectile.

Failure of employees to recognize the need to wear eye protection with side protection during the cutting operation demonstrates the lack of training of the employees.

ABATEMENT NOTE: At a minimum, employees must be trained in the following: when personal protective equipment is necessary, what personal protective equipment is necessary, how to properly don, doff, adjust, and wear personal protective equipment, the limitations of the personal protective equipment, and the proper care, maintenance, useful life and disposal of the personal protective equipment.

NOTE: The employer is required to submit abatement certification for this item in accordance with 29 CFR 1903.19.

Penalty Calculations				Adjustment Factors			Proposed Adjusted Penalty
Severity	Probability	Gravity	GBP	Size	Good Faith	History	
L Low	L Lesser	01	1500.00	60	0	10	0.0
Repeat Factor		0					

Employee Exposure:					
Occupation	Assembler	Employer			
Nr of Employees	2	Duration		Frequency	
Employee Name					
Address	[REDACTED]		Phone		
Occupation	Helper	Employer			
Nr of Employees	1	Duration		Frequency	
Employee Name					

Address	Phone	() -
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Instance Description	A. Hazard	B. Equipment	C. Location	D. Injury/Illness	E. Measurements
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4. Date/Time
1/25/99 10:00

20. Instance Description - Describe the following:

a) Hazards-Operation/Condition-Accident

Employees were cutting marble slabs using a 16" diameter rock cutting blade that rotates at a high speed. The diamond elements set into the blade can become loose and become projectiles.

Employees did not wear eye protection with side shields while the blade was rotating.

The above violation demonstrates that any personal protective equipment assessment done by the employer was incomplete and therefore not in compliance with the requirements of 1910.132. Training was also incomplete in that employees did not recognize the danger of the diamond elements flying through the air. [CSHO conversations with manufacturers of the cutting machines and blades verified that the diamond elements do come apart from the blades since they stated they make repairs to such blades on a daily basis.] The employer had no written certification of a personal protective equipment assessment or training in the use of personal protective equipment.

b) Equipment

See (a)

c) Location

Cutting and polishing room

d) Injury/Illness

Particles may become embedded in the eye, requiring medical treatment and resulting in temporary sight impairment. The classification of the violations of 1910.132 are classified as serious as a result of grouping them with the violation of 1910.133.

e) Measurements

n/a

21. Photo Number	Location on Video

23. Employer Knowledge : The employee work in plain sight without eye protection.

24. Comments (Employer, Employee, Closing Conference) :

25. Other Employer Information :

26. Classification:				
Serious	Knowledge	S or O	Repeat?	Willful?
Y	Y	S	N	N

First Repeat	Second Repeat	Repeat Penalty

INJURY VIOLATION PENALTY COMPUTATION

U. S. Department of Labor
Occupational Safety and Health Administration



Worksheet

Wed Mar 24, 1999 5:42pm

Inspection Number	301460580
Opt. Insp. Number	387

Establishment Name					
Type of Violation	S Serious	Citation Number	01	Item/Group	001 (c)
Number Exposed	2	No. Instances	1	REC	
Std. Alleged Vio.	1910.0133(a)(2)				

Abatement Period	MultiStep Abatements			Final Abatement	Action Type/Dates
	PPE Period	Plan	Report		
15				04/19/99	

Substance Codes	
-----------------	--

AVD/Variable Information:
29 CFR 1910.133(a)(2):Employer did not ensure that each affected employee used eye protection that provided side protection when there was a hazard from flying objects:
On or about January 25, 1999.

a) Cutting and Polishing Room:

During the cutting of marble slabs with the 16" stone cutting blade, employees were not wearing eye protection with side protection. During this operation, the diamond elements in the blade can become dislodged from the wheel thus becoming a projectile.

NOTE: The employer is required to submit abatement certification for this item in accordance with 29 CFR 1903.19.

Penalty Calculations				Adjustment Factors			Proposed Adjusted Penalty
Severity	Probability	Gravity	GBP	Size	Good Faith	History	
L Low	L Lesser	01	1500.00	60	0	10	0.0
Repeat Factor		0					

Employee Exposure:							
Occupation	Assembler			Employer			
Nr of Employees	2			Duration		Frequency	
Employee Name							
Address				Phone			
Occupation	Helper			Employer			
Nr of Employees	1			Duration		Frequency	
Employee Name							
Address				Phone	() -		

Instance Description:	A. Hazard	B. Equipment	C. Location	D. Injury/Illness	E. Measurements
-----------------------	-----------	--------------	-------------	-------------------	-----------------

4. Date/Time
1/25/99 10:00

20. Instance Description - Describe the following:

a) Hazards-Operation/Condition-Accident

Employees were cutting marble slabs using a 16" diameter rock cutting blade that rotates at a high speed. The diamond elements set into the blade can become loose and become projectiles.

Employees did not wear eye protection with side shields while the blade was rotating.

The above violation demonstrates that any personal protective equipment assessment done by the employer was incomplete and therefore not in compliance with the requirements of 1910.132. Training was also incomplete in that employees did not recognize the danger of the diamond elements flying through the air. [CSHO conversations with manufacturers of the cutting machines and blades verified that the diamond elements do come apart from the blades since they stated they make repairs to such blades on a daily basis.] The employer had no written certification of a personal protective equipment assessment or training in the use of personal protective equipment.

b) Equipment

See (a)

c) Location

Cutting and polishing room

d) Injury/Illness

Particles may become embedded in the eye, requiring medical treatment and resulting in temporary sight impairment. The classification of the violations of 1910.132 are classified as serious as a result of grouping them with the violation of 1910.133.

e) Measurements

n/a

21. Photo Number	Location on Video

23. Employer Knowledge : The employee work in plain sight without eye protection.

24. Comments (Employer, Employee, Closing Conference) :

25. Other Employer Information :

26. Classification:				
Serious	Knowledge	S or O	Repeat?	Willful?
Y	Y	S	N	N

First Repeat	Second Repeat	Repeat Penalty

INJURY VIOLATION PENALTY COMPUTATION

INJURY DESCRIPTION: Material embedded in the eye resulting in temporary sight impairment.

SEVERITY: High _____ Medium x Low x Minimal _____

PROBABILITY OF INJURY:

Number Exposed: 2

Frequency: Continuous _____ Daily _____ Weekly _____ Partial Shift _____ Short x

Proximity to Danger: Danger Point _____ Near x Fringe _____

Stress Factor: 11/a

Other Factors: Employees usually stand to the side of the rotating blade, lowering the probability that the projectile would travel towards them. However, since one employee can walk around the room while the other employee is cutting, being struck by a flying object is a possibility.

FINAL PROBABILITY ASSESSMENT: GREATER _____ LESSER x

=====

ADJUSTMENT FACTORS

Good Faith: 25% _____

15% _____

0% x

Justification:

The company has no written safety and health programs.

History: 10% x

0% _____

Justification:

The company has no history of previous violations.

=====

Event Date	Event Code	Action Code	Citation Type	Penalty	Abate Date	Final Order
03/24/99	Z Add transaction	A Add	S Serious	0.0	04/19/99	

U. S. Department of Labor
Occupational Safety and Health Administration



Worksheet

Wed Mar 24, 1999 5:42pm

				Inspection Number	301460580
				Opt. Insp. Number	387
Establishment Name	[REDACTED]				
Type of Violation	O Other	Citation Number	02	Item/Group	001
Number Exposed	2	No. Instances	1	REC	
Std. Alleged Vio.	1903.0002(a)(1)				

Abatement Period	MultiStep Abatements			Final Abatement	Action Type/Dates
	PPE Period	Plan	Report		
0				Corrected During Inspection	

Substance Codes	
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AVD/Variable Information:

29 CFR 1903.2(a)(1): The OSHA notice was not posted to inform employees of the protections and obligations provided for in the Act:

On or about January 9, 1999.

At the Establishment:

The OSHA notice was not posted.

NOTE: Because abatement of this violation is already documented in the inspection case file, the employer need not submit certification or documentation of abatement of this violation as normally required by 29 CFR 1903.19.

Penalty Calculations				Adjustment Factors			Proposed Adjusted Penalty
Severity	Probability	Gravity	GBP	Size	Good Faith	History	
N Minimal	L Lesser	00		60	0	10	0.0
Repeat Factor		0					

Employee Exposure:							
Occupation	Assembler			Employer			
Nr of Employees	2			Duration	Frequency		
Employee Name							
Address	[REDACTED]				Phone		
Occupation	Helper			Employer			
Nr of Employees	1			Duration	Frequency		
Employee Name							
Address	[REDACTED]				Phone	() -	

Instance Description:	A. Hazard	B. Equipment	C. Location	D. Injury/Illness	E. Measurements
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1. Agency 2. Date/Time 3. Location 4. Description 5. Citation 6. Penalty 7. Abate Date 8. Final Order

4. Date/Time

1/7/99 15:00

20. Instance Description - Describe the following:

a) Hazards-Operation/Condition-Accident

The CSHO observed that no poster was posted in the workplace.

Violations for failure to comply with 1910.1200 and 1910.134 and electrical violations demonstrate that the employer does not seriously attempt to be in compliance with OSHA regulations.

During CSHO interviews with employees, responses to questions asked by the CSHO and other employee comments indicated that employees were not familiar of their rights under OSHA, particularly the right to speak with the CSHO without fear of reprisal and the right to file a discrimination complaint if the employer takes action against employees for exercising their rights.

b) Equipment

n/a

c) Location

Polishing and cutting room.

d) Injury/Illness

n/a

e) Measurements

n/a

21. Photo Number	Location on Video

23. Employer Knowledge : The employer claims to have never been provided a copy of the poster from OSHA.

24. Comments (Employer, Employee, Closing Conference) : The CSHO gave a copy of the poster to the employer who immediately posted it on the wall in the cutting and polishing room where employees can easily read it, THUS ABATING THE VIOLATION.

25. Other Employer Information :

26. Classification:				
Serious	Knowledge	S or O	Repeat?	Willful?
N	N	O	N	N

First Repeat	Second Repeat	Repeat Penalty

Event Date	Event Code	Action Code	Citation Type	Penalty	Abate Date	Final Order
03/24/99	Z Add transaction	A Add	O Other	0.0		



Worksheet

Wed Mar 24, 1999 5:42pm

				Inspection Number	301460580
				Opt. Insp. Number	387
Establishment Name [REDACTED]					
Type of Violation	O Other	Citation Number	02	Item/Group	002
Number Exposed	2	No. Instances	1	REC	
Std. Alleged Vio.	1910.0095(d)(1)				

Abatement Period	MultiStep Abatements			Final Abatement	Action Type/Dates
	PPE Period	Plan	Report		
30				04/26/99	

Substance Codes	8111 - NOISE, CONTINUOUS OR INTERMITTENT (ACTION LEVEL)
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AVD/Variable Information:

29 CFR 1910.95(d)(1): A representative monitoring program was not developed and implemented when information indicated that an employee's exposure may equal or exceed an 8-hour time-weighted average of 85 dBA:

On or about January 26, 1999.

a) At the Establishment

On January 26, 1999, employees were monitored for noise exposure while performing shaping and polishing operations. During shaping operations, employees were exposed to noise levels equal to approximately 100 dBA [decibels as measured on the A weighted scale]. During polishing operations, employees were exposed to noise levels between 85 dBA and 90 dBA. Based upon information obtained during the investigation, employees periodically perform these operations long enough during one eight hour shift to exceed the 8-hour time-weighted average of 85 dBA. The employer has not established a representative noise monitoring program to evaluate employees' noise exposure.

ABATEMENT NOTE: Because the monitoring program must identify employees required to be included in a hearing conservation program, the monitoring must be conducted under conditions that measure the employees' maximum noise exposure during operations. Therefore, the monitoring must be done during those jobs that entail the largest amounts of shaping and polishing operations.

If noise monitoring indicates that employees are exposed to average noise levels in excess of 85 dBA, an effective hearing conservation program in compliance with 29 CFR 1910.95(c)-(n) and its appendices must be implemented. In addition to noise monitoring, such a program must include the following.

- (1) Provision a selection of hearing protectors from which employees can choose. The hearing protection must be individually fitted and must provide adequate noise reduction as determined by its Noise Reduction Rating (NRR). Evaluation of the adequacy of the hearing protection must be calculated according to an approved NIOSH method. Employee use of hearing protection when required by the noise standard must be enforced.
- (2) Training and education of each overexposed employee. Training must include the following topics: a) the effects of noise on hearing; b) the purpose of hearing protectors; c) the advantages, disadvantages, and attenuation of the various types of hearing protectors; d) the selection, fitting, use and care of the hearing protectors; and e) the purpose of and procedures for audiometric testing.
- (3) Institution of a medical monitoring program. This program must include following elements: a) obtaining a baseline audiogram for overexposed employees as soon as possible; b) obtaining additional audiograms annually; and c) evaluating the audiograms to determine if it is valid and if a threshold hearing shift has occurred. Employees must avoid exposure to workplace noise for at least 14 hours before audiometric testing for the baseline audiogram.
- (4) Procedures for preventing further occupational hearing loss whenever an employee has suffered a standard threshold shift (which is defined as an average hearing loss greater than 10 decibels at the frequencies of 2000,

3000, and 4000 Hz). At a minimum, employees must be informed that they have suffered a standard threshold shift, they must be retrained, and the adequacy of the their hearing protection must be reevaluated.

- (5) Maintenance of noise monitoring and audiometric testing records, as required by the "Access to Employee Exposure and Medical Records" regulation.

When average noise levels exceed 90 dBA, the hearing conservation program must also include implementation of all feasible engineering, work practice, and administrative controls needed to reduce employee noise exposure under 90 dBA.

NOTE: The employer is required to submit abatement certification for this item in accordance with 29 CFR 1903.19.

Penalty Calculations				Adjustment Factors			Proposed Adjusted Penalty
Severity	Probability	Gravity	GBP	Size	Good Faith	History	
N Minimal	G Greater	03	1000.00	60	0	10	300.00
Repeat Factor		0					

Employee Exposure:			
Occupation	Assembler	Employer	
Nr of Employees	2	Duration	Frequency
Employee Name			
Address	[REDACTED]		Phone
Occupation	Helper	Employer	
Nr of Employees	1	Duration	Frequency
Employee Name			
Address	[REDACTED]		Phone () -

Instance Description:	A. Hazard	B. Equipment	C. Location	D. Injury/Illness	E. Measurements
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4. Date/Time
1/26/99

20. Instance Description - Describe the following:

a) Hazards-Operation/Condition-Accident

Employees were sampled for noise. Noise levels were measured during shaping operations that would expose employees to 8-hour average noise levels over 85 dBA if the operation would continue for over about one hour.

On the day of the sampling, noise levels were measured to be 23.7% for the person doing the shaping. According to employee interviews, on some days shaping may be done for well over an hour. However, the amount of shaping that is done on any one day depends on customer orders as each order may require a different amount of shaping. The shaping operation is only one step in the preparation and on-site installation of the product, and as such it occurs at irregular intervals.

When the CSHO tried to find out from the employees what type of job would be the best type of jog to sample, the response was too vague to allow the CSHO to request permission to sample for the type of job that would have more shaping than that done on the day of the noise sampling. Because the sampling data that exists and employee interviews taken as a whole become information that indicates that the employee's exposure will on various days exceed an average of 85 dBA, citing 1910.95(d)(1) can be defended by the available information without the need for additional sampling data. During abatement verification, OSHA can review the employer's data and compliance with the remaining requirements for an adequate hearing conservation program.

b) Equipment

Employees use hand-held tools that shave off (round) the edges of marble slabs.

c) Location

Production area.

d) Injury/Illness

Hearing loss. Because the information suggests that noise levels are not high enough to result in average exposure in excess of 90 dBA (as measured using a 90 dBA threshold), the violation is cited as other than serious. [The other operations, such as polishing, result in noise exposure between 85 and 90 dBA, as measured on the day of the sampling.]

e) Measurements

See OSHA 92 forms and attached data.

21. Photo Number	Location on Video

23. Employer Knowledge : The employer is aware that noise level are high and does provide PPE (ear inserts with an NRR of 29) for employee use.

24. Comments (Employer, Employee, Closing Conference) :

25. Other Employer Information :

26. Classification:				
Serious	Knowledge	S or O	Repeat?	Willful?
N	Y	O	N	N

First Repeat	Second Repeat	Repeat Penalty

ILLNESS VIOLATION PENALTY COMPUTATION

ILLNESS DESCRIPTION: Hearing loss. Because levels are below 90 dBA, violation is classified as other than serious.

SEVERITY: High _____ Medium _____ Low _____ Minimal x

PROBABILITY OF INJURY:

Number Exposed: 2

Frequency: Continuous _____ Daily _____ Weekly _____ Partial Shift x Short _____
1 to 8 Hours Per Week _____ Greater Than 8 Hours per Week _____

PPE: Not Used _____ Used By Some Employees x Used By All Employees _____

No Written Program x Good Written Program _____

Written Program With Minor Deficiencies _____

Medical Surv.: No Program x Effective Program _____ Partially Effective Program _____

Stress Factor: n/a

Other Factors: Overexposure will occur at irregular intervals. PPE is provided by the employer but its use is not enforced.

FINAL PROBABILITY ASSESSMENT: GREATER x LESSER _____

ADJUSTMENT FACTORS

Good Faith: 25% _____
15% _____

Wed Mar 24, 1999 5:42pm

Inspection Nr. 301460580 Citation Nr. 02 Item/Group 002

0% x 722224-511-0801-14

Justification:

The employer has no written safety and health program.

History: $\frac{10\%}{100\%} \times \frac{100\%}{100\%}$

0%

Justification:

The employer has not been cited for violations in the past three years.

Event Date	Event Code	Action Code	Citation Type	Penalty	Abate Date	Final Order
03/24/99	Z Add transaction	A Add	O Other	300.00	04/26/99	

U. S. Department of Labor
Occupational Safety and Health Administration



Worksheet

Wed Mar 24, 1999 5:42pm

				Inspection Number	301460580
				Opt. Insp. Number	387
Establishment Name	[REDACTED]				
Type of Violation	O Other	Citation Number	02	Item/Group	003
Number Exposed	2	No. Instances	1	REC	
Std. Alleged Vio.	1910.0110(e)(4)(iii)				

Abatement Period	MultiStep Abatements			Final Abatement	Action Type/Dates
	PPE Period	Plan	Report		
0				Corrected During Inspection	

Substance Codes	
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AVD/Variable Information:
29 CFR 1910.110(e)(4)(iii): Permanent and removable fuel containers were not securely mounted to prevent jarring loose, slipping, or rotating:

January 25, 1999

a) At the Establishment:

The propane tank used to fuel the forklift truck was not securely mounted to the forklift truck since the index pin was in place to prevent rotation of the tank.

NOTE: Because abatement of this violation is already documented in the inspection case file, the employer need not submit certification or documentation of abatement of this violation as normally required by 29 CFR 1903.19.

Penalty Calculations				Adjustment Factors			Proposed Adjusted Penalty
Severity	Probability	Gravity	GBP	Size	Good Faith	History	
N Minimal	L Lesser	01		60	0	10	0.0
Repeat Factor		0					

Employee Exposure:							
Occupation	Assembler			Employer			
Nr of Employees	1			Duration	Frequency		
Employee Name	[REDACTED]						
Address	[REDACTED]			Phone	[REDACTED]		
Occupation	Helper			Employer			
Nr of Employees	1			Duration	Frequency		
Employee Name	[REDACTED]						
Address	[REDACTED]			Phone	() - [REDACTED]		

Instance Description:	A. Hazard	B. Equipment	C. Location	D. Injury/Illness	E. Measurements
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4. Date/Time

1/25/99 15:00

20. Instance Description - Describe the following:

a) Hazards-Operation/Condition-Accident

The CSHO observed use of a forklift truck by employees. The CSHO observed the propane tank was not aligned properly so that the forklift pin was not in use.

b) Equipment

Clark model GCS15 Type LP, serial number 6127-0730-6330FA.

c) Location

The truck is garaged in the cutting and polishing room and is used to move objects in the outside yard.

d) Injury/Illness

Minor burns not requiring medical treatment.

e) Measurements

n/a

21. Photo Number	Location on Video

23. Employer Knowledge : The lack of use of the pin was readily observable.

24. Comments (Employer, Employee, Closing Conference) : Immediately upon learning of the violation, the owner realigned the propane tank so that the pin properly restrained rotation of the tank, THUS ABATING THE HAZARD. If there are is a penalty proposed for this violation, it qualifies for a quick fix penalty reduction.

25. Other Employer Information :

26. Classification:				
Serious	Knowledge	S or O	Repeat?	Willful?
N	Y	O	N	N

First Repeat	Second Repeat	Repeat Penalty

INJURY VIOLATION PENALTY COMPUTATION

INJURY DESCRIPTION: Minor burns not requiring medical treatment.

SEVERITY: High ___ Medium ___ Low ___ Minimal x

PROBABILITY OF INJURY:

Number Exposed: 2

Frequency: Continuous ___ Daily ___ Weekly ___ Partial Shift ___ Short x

Proximity to Danger: Danger Point ___ Near x Fringe ___

Stress Factor: n/a

Other Factors: n/a

FINAL PROBABILITY ASSESSMENT: GREATER ___ LESSER x

ADJUSTMENT FACTORS

Good Faith: 25% ___
15% ___

0% ☒ x
Justification:

The employer has no written safety and health program.

History: 10% ☒ x
0% ☐

Justification:

The company has no history of OSHA violations.

Event Date	Event Code	Action Code	Citation Type	Penalty	Abate Date	Final Order
03/24/99	Z Add transaction	A Add	O Other	0.0		

U. S. Department of Labor
Occupational Safety and Health Administration



Worksheet

Wed Mar 24, 1999 5:42pm

				Inspection Number		301460580	
				Opt. Insp. Number		387	
Establishment Name [REDACTED]							
Type of Violation		O Other		Citation Number	02	Item/Group	004
Number Exposed		1		No. Instances	1	REC	R Referral
Std. Alleged Vio.		1910.0134(c)(2)(i)					

Abatement Period	MultiStep Abatements			Final Abatement	Action Type/Dates
	PPE Period	Plan	Report		
30				04/26/99	

Substance Codes	
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AVD/Variable Information:
29 CFR 1910.134(c)(2)(i): Where respirator use is not required and the employer provides respirators at the request of employees or permits employees to use their own respirators, the employer did not determine that such respirator use does not in itself create a hazard and the employer did not provide the respirator users with the information contained in Appendix D of 29 CFR 1910.134 ("Information for Employees Using Respirators When Not Required Under the Standard"): On or about January 25, 1999.

At the Establishment:

An employee uses a ^{1/2} facepiece cartridge respirator while preparing and installing products.

a) The employer did not provide the employee with a copy of Appendix D of 29 CFR 1910.134.

b) The employer did not determine that respirator use does not in itself create a hazard by virtue of the failure of the employer to provide a medical evaluation as specified by 29 CFR 1910.134(e).

NOTE: The employer is required to submit abatement certification for this item in accordance with 29 CFR 1903.19.

Penalty Calculations				Adjustment Factors			Proposed Adjusted Penalty
Severity	Probability	Gravity	GBP	Size	Good Faith	History	
N Minimal	L Lesser	01		60	0	10	0.0
Repeat Factor		0					

Employee Exposure:							
Occupation	Assembler			Employer			
Nr of Employees	2			Duration		Frequency	
Employee Name							
Address	[REDACTED]				Phone		

Instance Description:	A. Hazard	B. Equipment	C. Location	D. Injury/Illness	E. Measurements
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4. Date/Time
1/25/99 10:00

20. Instance Description - Describe the following:
a) Hazards-Operation/Condition-Accident

The CSHO asked employees to show the CSHO the PPE used by the employees. The Lead Man showed the CSHO a ½ facepiece respirator which the employee says he wears sometimes in the field when installing the marble tabletops, fireplaces, etc. The employee bought the respirator himself (that is, it was not supplied by the employer). The CSHO examined the respirator, and could not determine the exact make and model of the respirator. The employee did not have the original box so the identity could not be determined by looking at the original box. (The text on the cartridges had been scratched and was unreadable.)

The employer has no written respirator program. The employee was not given a copy of Appendix D of 1910.134. Also, the employer did not satisfy the medical evaluation requirements of 1910.134.

The CSHO did not observe the employee using this respirator since the CSHO did not observe installation operations, but did observe the employee using a dust filtering respirator while they were shaping and polishing the marble.

(Note: The second employee working for the employer only uses a dust filtering respirator.)

b) Equipment

n/a

c) Location

Cutting and polishing room.

d) Injury/Illness

Because no overexposures to air contaminants were documented, and because no medical evidence was uncovered that indicates use of the ½ facepiece respirator would be a serious health hazard for the employee, the violation is classified as other than serious. Possible health effects would be skin irritation/dermatitis and minor pulmonary distress.

e) Measurements

n/a

21. Photo Number	Location on Video

23. Employer Knowledge : The employer knows that employees use respirators and was aware of the ½ facepiece respirator that is stored in a visible location at the premises.

24. Comments (Employer, Employee, Closing Conference) :

25. Other Employer Information :

26. Classification:				
Serious	Knowledge	S or O	Repeat?	Willful?
N	Y	O	N	N

First Repeat	Second Repeat	Repeat Penalty

ILLNESS VIOLATION PENALTY COMPUTATION

ILLNESS DESCRIPTION: Minor skin irritation/dermatitis and/or minor pulmonary distress not requiring medical treatment.

SEVERITY: High ____ Medium ____ Low ____ Minimal x

=====

PROBABILITY OF INJURY:

Number Exposed: 2

Frequency: Continuous _____ Daily _____ Weekly _____ Partial Shift ☒ Short _____
1 to 8 Hours Per Week ☒ Greater Than 8 Hours per Week _____PPE: Not Used _____ Used By Some Employees _____ Used By All Employees ☒No Written Program ☒ Good Written Program _____

Written Program With Minor Deficiencies _____

Medical Surv.: No Program ☒ Effective Program _____ Partially Effective Program _____

Stress Factor: n/a

Other Factors: The number of hours per week of respirator use varies depending on the installation jobs. The maximum use might be two hours per day, but actual use on a particular day is usually less.

FINAL PROBABILITY ASSESSMENT: GREATER _____ LESSER ☒

=====

ADJUSTMENT FACTORS

Good Faith: 25% _____
15% _____
0% ☒

Justification:

The employer has no written safety and health programs.

History: 10% ☒
0% _____

Justification:

The company has no history of OSHA violations.

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Event Date	Event Code	Action Code	Citation Type	Penalty	Abate Date	Final Order
03/24/99	Z Add transaction	A Add	O Other	0.0	04/26/99	



Worksheet

Wed Mar 24, 1999 5:42pm

				Inspection Number		301460580	
				Opt. Insp. Number		387	
Establishment Name [REDACTED]							
Type of Violation		O Other		Citation Number		02	
Number Exposed		1		Item/Group		005	
Std. Alleged Vio.		1910.0134(c)(2)(ii)		No. Instances		1	
				REC		R Referral	

Abatement Period	MultiStep Abatements			Final Abatement	Action Type/Dates
	PPE Period	Plan	Report		
30				04/26/99	

Substance Codes	
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AVD/Variable Information:

29 CFR 1910.134(c)(2)(ii): Where respirator use is not required but the employer provides respirators at the request of employees or permits employees to use their own respirators, the employer did not establish and implement those elements of a written respiratory program necessary to ensure that any employee using a respirator voluntarily is medically able to use that respirator; and that the respirator is cleaned, stored, and maintained so that its use does not present a health hazard to the user:

On or about January 25, 1999.

At the Establishment:

a) An employee uses a ^{1/2} facepiece cartridge respirator while preparing and installing products. The employer did not establish a written respirator program.

NOTE: The employer is required to submit abatement certification for this item in accordance with 29 CFR 1903.19.

Penalty Calculations				Adjustment Factors			Proposed Adjusted Penalty
Severity	Probability	Gravity	GBP	Size	Good Faith	History	
N Minimal	L Lesser	01		60	0	10	0.0
Repeat Factor		0					

Employee Exposure:			
Occupation	Assembler		Employer
Nr of Employees	2	Duration	Frequency
Employee Name			
Address		Phone	

Instance Description:	A. Hazard	B. Equipment	C. Location	D. Injury/Illness	E. Measurements
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4. Date/Time
1/25/99 10:00

20. Instance Description - Describe the following:

a) Hazards-Operation/Condition-Accident

The CSHO asked employees to show the CSHO the PPE used by the employees. The Lead Man showed the CSHO a 1/2 facepiece respirator which the employee says he wears sometimes in the field when installing the marble tabletops, fireplaces, etc. The employee

bought the respirator himself (that is, it was not supplied by the employer). The CSHO examined the respirator, and could not determine the exact make and model of the respirator. The employee did not have the original box so the identity could not be determined by looking at the original box. (The text on the cartridges had been scratched and was unreadable.)

The employer has no written respirator program. The employee was not given a copy of Appendix D of 1910.134. Also, the employer did not satisfy the medical evaluation requirements of 1910.134.

The CSHO did not observe the employee using this respirator since the CSHO did not observe installation operations, but did observe the employee using a dust filtering respirator while they were shaping and polishing the marble.

(Note: The second employee working for the employer only uses a dust filtering respirator.)

b) Equipment:

n/a

c) Location:

Cutting and polishing room.

d) Injury/Illness:

Because no overexposures to air contaminants were documented, and because no medical evidence was uncovered that indicates use of the 1/2 facepiece respirator would be a serious health hazard for the employee, the violation is classified as other than serious. Possible health effects would be skin irritation/dermatitis and minor pulmonary distress.

e) Measurements:

n/a

21. Photo Number	Location on Video

23. Employer Knowledge : The employer knows that employees use respirators and was aware of the 1/2 facepiece respirator that is stored in a visible location at the premises.

24. Comments (Employer, Employee, Closing Conference) :

25. Other Employer Information :

26. Classification:				
Serious	Knowledge	S or O	Repeat?	Willful?
N	Y	O	N	N

First Repeat	Second Repeat	Repeat Penalty

ILLNESS VIOLATION PENALTY COMPUTATION

ILLNESS DESCRIPTION: Minor skin irritation/dermatitis and/or minor pulmonary distress not requiring medical treatment.

SEVERITY: High ____ Medium ____ Low ____ Minimal x ____

PROBABILITY OF INJURY:

Number Exposed: 2

Frequency: Continuous ____ Daily ____ Weekly ____ Partial Shift x Short ____
1 to 8 Hours Per Week x Greater Than 8 Hours per Week ____

PPE: Not Used ☐ Used By Some Employees ☐ Used By All Employees ☒
 No Written Program ☒ Good Written Program ☐
 Written Program With Minor Deficiencies ☐
 Medical Surv.: No Program ☒ Effective Program ☐ Partially Effective Program ☐
 Stress Factor: n/a

Other Factors: The number of hours per week of respirator use varies depending on the installation jobs. The maximum use might be two hours per day, but actual use on a particular day is usually less.

FINAL PROBABILITY ASSESSMENT: GREATER ☐ LESSER ☒

=====

ADJUSTMENT FACTORS

Good Faith: 25% ☐
 15% ☐
 0% ☒

Justification:

The employer has no written safety and health programs.

History: 10% ☐
 0% ☒

Justification:

The company has no history of OSHA violations.

=====

Event Date	Event Code	Action Code	Citation Type	Penalty	Abate Date	Final Order
03/24/99	Z Add transaction	A Add	O Other	0.0	04/26/99	

U. S. Department of Labor
Occupational Safety and Health Administration



Worksheet

Wed Mar 24, 1999 5:42pm

				Inspection Number	301460580
				Opt. Insp. Number	387
Establishment Name [REDACTED]					
Type of Violation	O Other	Citation Number	02	Item/Group	006
Number Exposed	1	No. Instances	1	REC	R Referral
Std. Alleged Vio.	1910.0134(e)(1)				

Abatement Period	MultiStep Abatements			Final Abatement	Action Type/Dates
	PPE Period	Plan	Report		
30				04/26/99	

Substance Codes	
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AVD/Variable Information:

29 CFR 1910.134(e)(1): The employer did not provide a medical evaluation to determine the employee's ability to use a respirator, before the employee is fit tested or required to use the respirator in the workplace:

On or about January 7, 1999.

a) At the establishment.

An employee uses a 1/2 facepiece cartridge respirator. The employer has not provided a medical evaluation for the employee.

NOTE: The employer is required to submit abatement certification for this item in accordance with 29 CFR 1903.19.

Penalty Calculations				Adjustment Factors			Proposed Adjusted Penalty
Severity	Probability	Gravity	GBP	Size	Good Faith	History	
N Minimal	L Lesser	01		60	0	10	0.0
Repeat Factor		0					

Employee Exposure:			
Occupation	Assembler	Employer	
Nr of Employees	2	Duration	Frequency
Employee Name			
Address		Phone	

Instance Description:	A. Hazard	B. Equipment	C. Location	D. Injury/Illness	E. Measurements
-----------------------	-----------	--------------	-------------	-------------------	-----------------

4. Date/Time
1/7/99

20. Instance Description - Describe the following:

a) Hazards-Operation/Condition-Accident

The CSHO observed a 1/2 facepiece cartridge respirator. The CSHO interviewed the employee who stated that he occasionally uses the respirator. The employee verified that he has never had a medical evaluation for respirator use. According to OSHA policy statements, this condition is in violation with the requirement of 1910.134(e)(1).

b) Equipment

The employee did not have the original box for the respirator, and any identifying markings on the respirator or cartridge were obscured.

c) Location

The employee uses the respirator in the field during installation of products.

d) Injury/Illness

Because no overexposures to air contaminants were documented, and because no medical evidence was uncovered that indicates use of the ½ facepiece respirator would be a serious health hazard for the employee, the violation is classified as other than serious. Possible health effects would be skin irritation/dermatitis and minor pulmonary distress.

e) Measurements

n/a

21. Photo Number	Location on Video

23. Employer Knowledge : The employee uses and store the respirator in plain view.

24. Comments (Employer, Employee, Closing Conference) :

25. Other Employer Information :

26. Classification:				
Serious	Knowledge	S or O	Repeat?	Willful?
N	Y	O	N	N

First Repeat	Second Repeat	Repeat Penalty

ILLNESS VIOLATION PENALTY COMPUTATION

ILLNESS DESCRIPTION: Minor dermatitis and/or minor pulmonary distress.

SEVERITY: High ____ Medium ____ Low ____ Minimal x ____

PROBABILITY OF INJURY:

Number Exposed: 1

Frequency: Continuous ____ Daily ____ Weekly ____ Partial Shift ____ Short x ____
1 to 8 Hours Per Week ____ Greater Than 8 Hours per Week ____

PPE: Not Used ____ Used By Some Employees x ____ Used By All Employees ____

No Written Program x ____ Good Written Program ____

Written Program With Minor Deficiencies ____

Medical Surv.: No Program x ____ Effective Program ____ Partially Effective Program ____

Stress Factor: n/a

Other Factors: Only one employee uses a cartridge respirator. The other employee only uses a dust filter respirator.

FINAL PROBABILITY ASSESSMENT: GREATER ____ LESSER x ____

ADJUSTMENT FACTORS

Good Faith: 25% ____
15% ____
0% x ____
Justification:

The employer has no written safety and health program/

History: 10% x
0%

Justification:

The employer has not been cited for violations in the past three years.

Event Date	Event Code	Action Code	Citation Type	Penalty	Abate Date	Final Order
03/24/99	Z Add transaction	A Add	O Other	0.0	04/26/99	

U. S. Department of Labor
Occupational Safety and Health Administration



Worksheet

Wed Mar 24, 1999 5:42pm

				Inspection Number	301460580
				Opt. Insp. Number	387
Establishment Name [REDACTED]					
Type of Violation	O Other	Citation Number	02	Item/Group	007
Number Exposed	2	No. Instances	2	REC	
Std. Alleged Vio. 1910.0304(f)(4)					

Abatement Period	MultiStep Abatements			Final Abatement	Action Type/Dates
	PPE Period	Plan	Report		
0				Corrected During Inspection	

Substance Codes	
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AVD/Variable Information:

29 CFR 1910.304(f)(4): The path to ground from circuits, equipment, and enclosures was not permanent and continuous:

On or about January 7, 1999

a) Cutting and Polishing Area

Employees used flexible extension cords to energize hand held polishers. The grounding pins were missing from the flexible cords.

ABATEMENT NOTE: Damage to electrical equipment such as removal of grounding pins voids the equipment's approval for use until the equipment is repaired.

NOTE: Because abatement of this violation is already documented in the inspection case file, the employer need not submit certification or documentation of abatement of this violation as normally required by 29 CFR 1903.19.

Penalty Calculations				Adjustment Factors			Proposed Adjusted Penalty
Severity	Probability	Gravity	GBP	Size	Good Faith	History	
N Minimal	L Lesser	01		60	0	10	0.0
Repeat Factor		0					

Employee Exposure:			
Occupation	Assembler	Employer	
Nr of Employees	2	Duration	Frequency
Employee Name			
Address		Phone	

Instance Description:	A. Hazard	B. Equipment	C. Location	D. Injury/Illness	E. Measurements
-----------------------	-----------	--------------	-------------	-------------------	-----------------

4. Date/Time
1/7/99 15:00

20. Instance Description - Describe the following:
a) Hazards-Operation/Condition-Accident

The CSHO observed employees using double-insulated eclectic powered grinders when polishing marble table tops. The tools were energized via several flexible cords. These cords had there ground pins removed and had numerous splices. One of the cords had insufficient strain relief by the plug.

b) Equipment

On 1/25/99 the CSHO observed an employee using a Porta Cable Model 1700 heat gun that had a three prong plug. This tool is normally used by employees.

c) Location

Polishing area.

d) Injury/Illness

Electrical shock and/or minor electrical burns not requiring medical treatment.

e) Measurements

The CSHO tested the outlets which were properly grounded.

21. Photo Number	Location on Video

23. Employer Knowledge : The damage to the flexible cord was visible in plain view.

24. Comments (Employer, Employee, Closing Conference) : The employer recognized the problem and replaced the damaged cord by the following morning.

25. Other Employer Information :

26. Classification:				
Serious	Knowledge	S or O	Repeat?	Willful?
N	Y	O	N	M

First Repeat	Second Repeat	Repeat Penalty

INJURY VIOLATION PENALTY COMPUTATION

INJURY DESCRIPTION: Electric shock and minor electric burns not requiring medical treatment.

SEVERITY: High ___ Medium ___ Low ___ Minimal x ___

=====

PROBABILITY OF INJURY:

Number Exposed: x

Frequency: Continuous ___ Daily ___ Weekly ___ Partial Shift x Short ___

Proximity to Danger: Danger Point ___ Near x Fringe ___

Stress Factor: n/a

Other Factors: n/a

=====

FINAL PROBABILITY ASSESSMENT: GREATER ___ LESSER x ___

=====

ADJUSTMENT FACTORS

Good Faith: 25% ___
15% ___
0% x ___

Justification:

The employer has no written safety and health programs.

History: 10% x
0%

Justification: The employer has not been previously inspected by OSHA.

X

Event Date	Event Code	Action Code	Citation Type	Penalty	Abate Date	Final Order
03/24/99	Z Add transaction	A Add	O Other	0.0		

U. S. Department of Labor
Occupational Safety and Health Administration



Worksheet

Wed Mar 24, 1999 5:42pm

				Inspection Number	301460580
				Opt. Insp. Number	387
Establishment Name [REDACTED]					
Type of Violation	O Other	Citation Number	02	Item/Group	008
Number Exposed	2	No. Instances	2	REC	
Std. Alleged Vio. 1910.0305(g)(2)(ii)					

Abatement Period	MultiStep Abatements			Final Abatement	Action Type/Dates
	PPE Period	Plan	Report		
0				Corrected During Inspection	

Substance Codes	
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AVD/Variable Information:

29 CFR 1910.305(g)(2)(ii): Flexible cords were not used in continuous lengths without splice or tap:

On or about January 7, 1999

a) Cutting and Polishing Area

Employees used flexible extension cords to energize hand held polishers. The flexible cord in the extension cords had been cut and spliced in several locations. The removed cord insulation was not replaced at the locations of the splices.

ABATEMENT NOTE: It is permitted to splice hard service flexible cords No. 12 or higher only if spliced so that the splice retains the insulation, other sheath properties, and usage characteristics of the cord being spliced.

NOTE: Because abatement of this violation is already documented in the inspection case file, the employer need not submit certification or documentation of abatement of this violation as normally required by 29 CFR 1903.19.

Penalty Calculations				Adjustment Factors			Proposed Adjusted Penalty
Severity	Probability	Gravity	GBP	Size	Good Faith	History	
N Minimal	L Lesser	01		60	0	10	0.0
Repeat Factor		0					

Employee Exposure:			
Occupation	Assembler	Employer	
Nr of Employees	2	Duration	Frequency
Employee Name			
Address		Phone	

Instance Description:	A. Hazard	B. Equipment	C. Location	D. Injury/Illness	E. Measurements
-----------------------	-----------	--------------	-------------	-------------------	-----------------

4. Date/Time
1/7/99 15:00

20. Instance Description - Describe the following:
a) Hazards-Operation/Condition-Accident

The CSHO observed employees using double-insulated eclectic powered grinders when polishing marble table tops. The tools were energized via several flexible cords. These cords had there ground pins removed and had numerous splices. One of the cords had insufficient strain relief by the plug.

b) Equipment

c) Location

Polishing area.

d) Injury/Illness

Electrical shock and/or minor electrical burns not requiring medical treatment.

e) Measurements

The CSHO tested the outlets which were properly grounded.

21. Photo Number	Location on Video

23. Employer Knowledge : The damage to the flexible cord was visible in plain view.

24. Comments (Employer, Employee, Closing Conference) : The employer recognized the problem and replaced the damaged cord by the following morning.

25. Other Employer Information :

26. Classification:				
Serious	Knowledge	S or O	Repeat?	Willful?
N	Y	O	N	M

First Repeat	Second Repeat	Repeat Penalty

INJURY VIOLATION PENALTY COMPUTATION

INJURY DESCRIPTION: Electric shock and minor electric burns not requiring medical treatment.

SEVERITY: High ____ Medium ____ Low ____ Minimal x ____

=====

PROBABILITY OF INJURY:

Number Exposed: x

Frequency: Continuous ____ Daily ____ Weekly ____ Partial Shift x Short ____

Proximity to Danger: Danger Point ____ Near x Fringe ____

Stress Factor: n/a

Other Factors: n/a

=====

FINAL PROBABILITY ASSESSMENT: GREATER ____ LESSER x ____

=====

ADJUSTMENT FACTORS

Good Faith: 25% ____

15% ____

0% x ____

Justification:

The employer has no written safety and health programs.

History: 10% x ____

0% ____

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Wed Mar 24, 1999 5:42pm
Inspection Nr. 301460580 Citation Nr. 02 Item/Group 008

Justification:

The employer has not been previously inspected by OSHA.

Event Date	Event Code	Action Code	Citation Type	Penalty	Abate Date	Final Order
03/24/99	Z Add transaction	A Add	O Other	0.0		

U. S. Department of Labor
Occupational Safety and Health Administration



Worksheet

Wed Mar 24, 1999 5:42pm

				Inspection Number		301460580	
				Opt. Insp. Number		387	
Establishment Name		[REDACTED]					
Type of Violation	O Other	Citation Number	02	Item/Group	009		
Number Exposed	2	No. Instances	2	REC			
Std. Alleged Vio.	1910.0305(g)(2)(iii)						

Abatement Period	MultiStep Abatements			Final Abatement	Action Type/Dates
	PPE Period	Plan	Report		
0				Corrected During Inspection	

Substance Codes	
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AVD/Variable Information:
29 CFR 1910.305(g)(2)(iii): Flexible cords were not connected to devices and fittings so that tension would not be transmitted to joints or terminal screws:

On or about January 7, 1999

a) Cutting and Polishing Area

Employees used three-wire flexible extension cords to energize hand held polishers. There was no strain relief for the three wires at the plug attachment end of one of the cords.

NOTE: Because abatement of this violation is already documented in the inspection case file, the employer need not submit certification or documentation of abatement of this violation as normally required by 29 CFR 1903.19.

Penalty Calculations				Adjustment Factors			Proposed Adjusted Penalty
Severity	Probability	Gravity	GBP	Size	Good Faith	History	
N Minimal	L Lesser	01		60	0	10	0.0
Repeat Factor		0					

Employee Exposure:							
Occupation	Assembler			Employer			
Nr of Employees	2			Duration	Frequency		
Employee Name							
Address	[REDACTED]			Phone			

Instance Description:	A. Hazard	B. Equipment	C. Location	D. Injury/Illness	E. Measurements
-----------------------	-----------	--------------	-------------	-------------------	-----------------

4. Date/Time
1/7/99 15:00

20. Instance Description - Describe the following:

a) Hazards-Operation/Condition-Accident

The CSHO observed employees using double-insulated eclectic powered grinders when polishing marble table tops. The tools were energized via several flexible cords. These cords

had there ground pins removed and had numerous splices. One of the cords had insufficient strain relief by the plug.

b) Equipment

c) Location

Polishing area.

d) Injury/Illness

Electrical shock and/or minor electrical burns not requiring medical treatment.

e) Measurements

The CSHO tested the outlets which were properly grounded.

21. Photo Number	Location on Video

23. Employer Knowledge : The damage to the flexible cord was visible in plain view.

24. Comments (Employer, Employee, Closing Conference) : The employer recognized the problem and replaced the damaged cord by the following morning.

25. Other Employer Information :

26. Classification:				
Serious	Knowledge	S or O	Repeat?	Willful?
N	Y	O	N	M

First Repeat	Second Repeat	Repeat Penalty

INJURY VIOLATION PENALTY COMPUTATION

INJURY DESCRIPTION: Electric shock and minor electric burns not requiring medical treatment.

SEVERITY: High ___ Medium ___ Low ___ Minimal x

PROBABILITY OF INJURY:

Number Exposed: x

Frequency: Continuous ___ Daily ___ Weekly ___ Partial Shift x Short ___

Proximity to Danger: Danger Point ___ Near x Fringe ___

Stress Factor: n/a

Other Factors: n/a

FINAL PROBABILITY ASSESSMENT: GREATER ___ LESSER x

ADJUSTMENT FACTORS

Good Faith: 25% ___
15% ___
0% x

Justification:

The employer has no written safety and health programs.

History: 10% x
0% ___

Justification:

The employer has not been previously inspected by OSHA.

Event Date	Event Code	Action Code	Citation Type	Penalty	Abate Date	Final Order
03/24/99	Z Add transaction	A Add	O Other	0.0		



Worksheet

Wed Mar 24, 1999 5:42pm

				Inspection Number	301460580
				Opt. Insp. Number	387
Establishment Name [REDACTED]					
Type of Violation	O Other	Citation Number	02	Item/Group	010
Number Exposed	2	No. Instances	2	REC	
Std. Alleged Vio.	1910.1200(e)(1)				

Abatement Period	MultiStep Abatements			Final Abatement	Action Type/Dates
	PPE Period	Plan	Report		
30				04/26/99	

Substance Codes	
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AVD/Variable Information:

29 CFR 1910.1200(e)(1): The employer did not develop, implement, and/or maintain at the workplace a written hazard communication program which describes how the criteria specified in 29 CFR 1910.1200(f), (g), and (h) will be met:

On or about January 7, 1998.

a) Cutting and Polishing Area.

The employer did not implement a written hazard communication program at the worksite. When cutting, shaping, and polishing, employees are exposed to silica (which can cause silicosis). When using glues and/or silicone stone polish, employees are exposed to hazardous chemicals including, but not limited to, trichloroethylene (a narcotic), styrene monomer (an irritant, central nervous system depressant, narcotic and mutagen), and benzoyl peroxide (an irritant). Employees are also exposed to the hazards of propane (a flammable liquid) which is used to power a forklift.

ABATEMENT NOTE:

A written program should include descriptions of how the criteria for the following will be met:

- 1) Labeling and other forms of warning, including person(s) responsible for ensuring proper labeling, methods of labeling to be used, and procedures to review and update labels when necessary;
- 2) Material Safety Data Sheets, including person(s) responsible, methods of storage and access, and procedures to follow should Material Safety Data Sheets be missing;
- 3) Employee information and training, including person(s) responsible for the training, format of the training, elements of the training program, and procedures for scheduling of the training.

Additionally, a list of hazardous chemicals known to be present in the workplace must be compiled. Methods used to inform employees of the hazards associated with non-routine tasks and to inform contractors of workplace hazards must also be addressed. The written program must be made available upon request.

For additional information, refer to Appendix E of 29 CFR 1910.1200.

NOTE: The employer is required to submit abatement certification for this item in accordance with 29 CFR 1903.19.

Penalty Calculations				Adjustment Factors			Proposed Adjusted Penalty
Severity	Probability	Gravity	GBP	Size	Good Faith	History	
N Minimal	L Lesser	01		60	0	10	0.0
Repeat Factor		0					

Employee Exposure:			
Occupation	Assembler	Employer	
Nr of Employees	2	Duration	Frequency
Employee Name			
Address		Phone	

Instance Description:	A. Hazard	B. Equipment	C. Location	D. Injury/Illness	E. Measurement
-----------------------	-----------	--------------	-------------	-------------------	----------------

4. Date/Time

1/7/99 15:00

20. Instance Description - Describe the following:

a) Hazards-Operation/Condition-Accident

The CSHO observed employees being exposed to dust during marble cutting and polishing operations. The CSHO observed visible dust that settled on surfaces in the area, apparently generated during shaping operations. (On the first day on the site the CSHO observed visible dust in the air that had been created during shaping and/or polishing operations, so it is known that the dust settled as a result of shaping and polishing marble slabs.) The presence of the settled dust demonstrates employee exposure to the dust, which was found to contain 30% silica. [NOTE: Personnel monitoring samples contained no silica. Apparently, the raw material whose dust settled onto the work surfaces apparently had different components than the raw material used on the day of the sampling.]

The employees told the CSHO they use an epoxy glue in the field at times to cement the marble materials during installation. On 1/25/99 the CSHO observed this operation, and detected a strong odor of solvents during the brief application of the glue. The MSDSs for this two part mixture list benzoyl peroxide, iron oxide, and styrene monomer as components. Employees also use a stone polishers whose label lists trichloroethylene as a component.

There is also exposure to propane resulting from use of a propane powered forklift.

CSHO discussions with the owner revealed that the company has no hazard communication program or material safety data sheets. CSHO interview of employees revealed that the employees were unaware of the hazards of silica and had been given no hazard communication training.

NOTE: The employer manufactures only ARTICLES as defined by 1910.1200 so therefore has not violated any of the labeling requirements of 1910.1200 regarding its finished products.

b) Equipment

n/a

c) Location

The dust is generated in the cutting/polishing area. The glue is used in the field.

d) Injury/Illness

Because silica sampling results were under the PELs, the violations is classified as other than serious. Possible effects are minor respiratory irritation and dizziness.

e) Measurements

See OSHA 91 forms.

21. Photo Number	Location on Video

23. Employer Knowledge : The employer is aware how the employees are exposed to the airborne contaminants.

24. Comments (Employer, Employee, Closing Conference) :

25. Other Employer Information :

26. Classification:				
Serious	Knowledge	S or O	Repeat?	Willful?
N	Y	O	N	N

First Repeat	Second Repeat	Repeat Penalty

ILLNESS VIOLATION PENALTY COMPUTATION

ILLNESS DESCRIPTION: Minor respiratory irritation and/or narcotic effect.

SEVERITY: High _____ Medium _____ Low _____ Minimal x

PROBABILITY OF INJURY:

Number Exposed: xFrequency: Continuous _____ Daily x Weekly _____ Partial Shift _____ Short _____
1 to 8 Hours Per Week _____ Greater Than 8 Hours per Week _____PPE: Not Used _____ Used By Some Employees x Used By All Employees _____No Written Program x Good Written Program _____

Written Program With Minor Deficiencies _____

Medical Surv.: No Program x Effective Program _____ Partially Effective Program _____

Stress Factor: n/a

Other Factors: Only small amount of glue are used.

FINAL PROBABILITY ASSESSMENT: GREATER _____ LESSER x

ADJUSTMENT FACTORS

Good Faith: 25% _____
15% _____
0% x

Justification:

The employer has no written safety and health programs.

History: 10% x
0% _____

Justification:

The company has not been inspected by OSHA previously.

Event Date	Event Code	Action Code	Citation Type	Penalty	Abate Date	Final Order
03/24/99	Z Add transaction	A Add	O Other	0.0	04/26/99	

U. S. Department of Labor
Occupational Safety and Health Administration



Worksheet

Wed Mar 24, 1999 5:42pm

				Inspection Number	301460580
				Opt. Insp. Number	387
Establishment Name [REDACTED]					
Type of Violation	O Other	Citation Number	02	Item/Group	011
Number Exposed	2	No. Instances	1	REC	
Std. Alleged Vio. 1910.1200(f)(5)(i)					

Abatement Period	MultiStep Abatements			Final Abatement	Action Type/Dates
	PPE Period	Plan	Report		
15				04/11/99	

Substance Codes	
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AVD/Variable Information:

29 CFR 1910.1200(f)(5)(i): The employer did not ensure that each container of hazardous chemicals in the workplace was labeled, tagged or marked with the identity of the hazardous chemical(s) contained therein:

On or about January 7, 1998.

a) Cutting and Polishing Area.

Employees transferred Akemi Plastics Inc. Hi-Speed Hardening Paste from its original container to a screw-cap container. The screw-cap container was not labeling with the identity of the hardening paste. The material contains, among other hazardous ingredients, benzoyl peroxide (an irritant).

NOTE: The employer is required to submit abatement certification for this item in accordance with 29 CFR 1903.19.

Penalty Calculations				Adjustment Factors			Proposed Adjusted Penalty
Severity	Probability	Gravity	GBP	Size	Good Faith	History	
N Minimal	L Lesser	01		60	0	10	0.0
Repeat Factor		0					

Employee Exposure:			
Occupation	Assembler	Employer	
Nr of Employees	2	Duration	Frequency
Employee Name			
Address		Phone	

Instance Description:	A. Hazard	B. Equipment	C. Location	D. Injury/Illness	E. Measurements
-----------------------	-----------	--------------	-------------	-------------------	-----------------

4. Date/Time
1/7/99 15:00

20. Instance Description - Describe the following:

a) Hazards-Operation/Condition-Accident

The CSHO observed employees using Part 2 of an epoxy glue system. Employees transferred the material from a squeeze tube (similar to a toothpaste tube) to a small screw-cap container. The label on the tube stated that the material (Akemi Plastics Inc. HiSpeed Hardening Paste) contains benzoyl peroxide. [The MSDS lists other hazardous components such as zinc stearate

and iron oxide.] The screw-cap container had no label whatsoever. The CSHO observed that the remaining material was left in the container after employees finished working for the day.

NOTE: The employer manufactures only ARTICLES as defined by 1910.1200 so therefore has not violated any of the labeling requirements of 1910.1200 regarding its finished products.

b) Equipment

n/a

c) Location

Cutting and polishing room.

d) Injury/Illness

Because there is no evidence of employee exposure to concentrations of airborne contaminants in excess of allowable amount, the violations is classified as other than serious. Possible effects are minor respiratory irritation and dizziness.

e) Measurements

n/a

21. Photo Number	Location on Video

23. Employer Knowledge : The label on the original container alerts users that it is a hazardous material.

24. Comments (Employer, Employee, Closing Conference) :

25. Other Employer Information :

26. Classification:				
Serious	Knowledge	S or O	Repeat?	Willful?
N	Y	O	N	N

First Repeat	Second Repeat	Repeat Penalty

ILLNESS VIOLATION PENALTY COMPUTATION

ILLNESS DESCRIPTION: Minor respiratory irritation and/or narcotic effect.

SEVERITY: High ____ Medium ____ Low ____ Minimal x

PROBABILITY OF INJURY:

Number Exposed: x

Frequency: Continuous ____ Daily x Weekly ____ Partial Shift ____ Short ____
1 to 8 Hours Per Week ____ Greater Than 8 Hours per Week ____

PPE: Not Used ____ Used By Some Employees x Used By All Employees ____
No Written Program x Good Written Program ____
Written Program With Minor Deficiencies ____

Medical Surv.: No Program x Effective Program ____ Partially Effective Program ____

Stress Factor: n/a

Other Factors: Only small amount of glue are used.

FINAL PROBABILITY ASSESSMENT: GREATER ____ LESSER x

ADJUSTMENT FACTORS

Good Faith: 25% ____

15%

0%

☒

Justification:

The employer has no written safety and health programs.

History:

10%

0%

☒

Justification:

The company has not been inspected by OSHA previously.

Event Date	Event Code	Action Code	Citation Type	Penalty	Abate Date	Final Order
03/24/99	Z Add transaction	A Add	O Other	0.0	04/11/99	

U. S. Department of Labor
Occupational Safety and Health Administration



Worksheet

Wed Mar 24, 1999 5:42pm

				Inspection Number	301460580
				Opt. Insp. Number	387
Establishment Name	[REDACTED]				
Type of Violation	O Other	Citation Number	02	Item/Group	012
Number Exposed	2	No. Instances	1	REC	
Std. Alleged Vio.	1910.1200(f)(5)(ii)				

Abatement Period	MultiStep Abatements			Final Abatement	Action Type/Dates
	PPE Period	Plan	Report		
15				04/11/99	

Substance Codes	
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AVD/Variable Information:
29 CFR 1910.1200(f)(5)(ii): The employer did not ensure that each container of hazardous chemicals in the workplace was labeled, tagged or marked with the appropriate hazard warnings:

On or about January 7, 1998.

a) Cutting and Polishing Area.

Employees transferred Akemi Plastics Inc. Hi-Speed Hardening Paste from its original container to a screw-cap container. The screw-cap container was not labeling with chemical hazards of the hardening paste. The material contains, among other hazardous ingredients, benzoyl peroxide (an irritant).

ABATEMENT NOTE: Correct labels list both physical (safety) and health hazards.

NOTE: The employer is required to submit abatement certification for this item in accordance with 29 CFR 1903.19.

Penalty Calculations				Adjustment Factors			Proposed Adjusted Penalty
Severity	Probability	Gravity	GBP	Size	Good Faith	History	
N Minimal	L Lesser	01		60	0	10	0.0
Repeat Factor		0					

Employee Exposure:			
Occupation	Assembler	Employer	
Nr of Employees	2	Duration	Frequency
Employee Name			
Address	[REDACTED]	Phone	

Instance Description:	A. Hazard	B. Equipment	C. Location	D. Injury/Illness	E. Measurements
-----------------------	-----------	--------------	-------------	-------------------	-----------------

4. Date/Time
1/7/99 15:00

20. Instance Description - Describe the following:

a) Hazards-Operation/Condition-Accident

The CSHO observed employees using Part 2 of an epoxy glue system. Employees transferred the material from a squeeze tube (similar to a toothpaste tube) to a small screw-cap container.

The label on the tube stated that the material (Akemi Plastics Inc. HiSpeed Hardening Paste) contains benzoyl peroxide. [The MSDS lists other hazardous components such as zinc stearate and iron oxide.] The screw-cap container had no label whatsoever. The CSHO observed that the remaining material was left in the container after employees finished working for the day.

NOTE: The employer manufactures only ARTICLES as defined by 1910.1200 so therefore has not violated any of the labeling requirements of 1910.1200 regarding its finished products.

b) Equipment

n/a

c) Location

Cutting and polishing room.

d) Injury/Illness

Because there is no evidence of employee exposure to concentrations of airborne contaminants in excess of allowable amount, the violations is classified as other than serious. Possible effects are minor respiratory irritation and dizziness.

e) Measurements

n/a

21. Photo Number	Location on Video

23. Employer Knowledge : The label on the original container alerts users that it is a hazardous material.

24. Comments (Employer, Employee, Closing Conference) :

25. Other Employer Information :

26. Classification:				
Serious	Knowledge	S or O	Repeat?	Willful?
N	Y	O	N	N

First Repeat	Second Repeat	Repeat Penalty

ILLNESS VIOLATION PENALTY COMPUTATION

ILLNESS DESCRIPTION: Minor respiratory irritation and/or narcotic effect.

SEVERITY: High ____ Medium ____ Low ____ Minimal x

PROBABILITY OF INJURY:

Number Exposed: X

Frequency: Continuous ____ Daily x Weekly ____ Partial Shift ____ Short ____
1 to 8 Hours Per Week ____ Greater Than 8 Hours per Week ____

PPE: Not Used ____ Used By Some Employees x Used By All Employees ____
No Written Program x Good Written Program ____
Written Program With Minor Deficiencies ____

Medical Surv.: No Program x Effective Program ____ Partially Effective Program ____

Stress Factor: n/a

Other Factors: Only small amount of glue are used.

FINAL PROBABILITY ASSESSMENT: GREATER ____ LESSER x

ADJUSTMENT FACTORS

Good Faith: 25% _____
15% _____
0% ☒ _____

Justification: _____
The employer has no written safety and health programs.

History: 10% ☒ _____
0% _____

Justification: _____
The company has not been inspected by OSHA previously.

Event Date	Event Code	Action Code	Citation Type	Penalty	Abate Date	Final Order
03/24/99	Z Add transaction	A Add	O Other	0.0	04/11/99	



Worksheet

Wed Mar 24, 1999 5:42pm

				Inspection Number	301460580
				Opt. Insp. Number	387
Establishment Name [REDACTED]					
Type of Violation	O Other	Citation Number	02	Item/Group	013
Number Exposed	2	No. Instances	2	REC	
Std. Alleged Vio. 1910.1200(g)(1)					

Abatement Period	MultiStep Abatements			Final Abatement	Action Type/Dates
	PPE Period	Plan	Report		
30				04/26/99	

Substance Codes	
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AVD/Variable Information:

29 CFR 1910.1200(g)(1): The employer did not have a material safety data sheet for each hazardous chemical which they used:

On or about January 7, 1998.

a) Cutting and Polishing Area.

Hazardous chemicals for which material safety data sheets were missing include, but are not limited to, silica (which can cause silicosis) whose exposure results from cutting, shaping, and polishing operations; trichloroethylene (a narcotic), styrene monomer (an irritant, central nervous system depressant, narcotic and mutagen), and benzoyl peroxide (an irritant) whose exposures result during gluing and polishing operations; and propane (a flammable liquid) whose exposure results from use of a propane powered forklift.

ABATEMENT NOTE: When raw materials are used in such a manner that employees are exposed to hazardous chemicals, the employer must obtain Material Safety Data Sheets from the manufacturers or importers of the materials. For example, if marble slabs contain a percentage of silica, and if employees shape or polish the slabs so that silica dust is liberated into the air, a Material Safety Data Sheet for the material must be obtained.

NOTE: The employer is required to submit abatement certification for this item in accordance with 29 CFR 1903.19.

Penalty Calculations				Adjustment Factors			Proposed Adjusted Penalty
Severity	Probability	Gravity	GBP	Size	Good Faith	History	
N Minimal	L Lesser	01		60	0	10	0.0
Repeat Factor		0					

Employee Exposure:			
Occupation	Assembler	Employer	
Nr of Employees	2	Duration	Frequency
Employee Name			
Address	[REDACTED]	Phone	

Instance Description:	A. Hazard	B. Equipment	C. Location	D. Injury/Illness	E. Measurements
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4. Date/Time

1/7/99 15:00

20. Instance Description - Describe the following:

a) Hazards-Operation/Condition-Accident

The CSHO observed employees being exposed to dust during marble cutting and polishing operations. The CSHO observed visible dust that settled on surfaces in the area, apparently generated during shaping operations. (On the first day on the site the CSHO observed visible dust in the air that had been created during shaping and/or polishing operations, so it is known that the dust settled as a result of shaping and polishing marble slabs.) The presence of the settled dust demonstrates employee exposure to the dust, which was found to contain 30% silica. [NOTE: Personnel monitoring samples contained no silica. Apparently, the raw material whose dust settled onto the work surfaces apparently had different components than the raw material used on the day of the sampling.]

During gluing and polishing operations, employees use glues and polishes which contain styrene monomer, trichloroethylene, and benzoyl peroxide.

Employees use a forklift that is powered by liquid propane.

CSHO discussions with the owner revealed that the company has no hazard communication program or material safety data sheets. CSHO interview of employees revealed that the employees were unaware of the hazards of silica and had been given no hazard communication training.

NOTE: The employer manufactures only ARTICLES as defined by 1910.1200 so therefore has not violated any of the labeling requirements of 1910.1200.

b) Equipment

n/a

c) Location

The dust is generated in the cutting/polishing area. The glue is used in the field.

d) Injury/Illness

Because personal monitoring results did not establish employee exposure to concentrations of airborne contaminants in excess of allowable amounts, the violations is classified as other than serious. Possible effects are minor respiratory irritation and dizziness.

e) Measurements

21. Photo Number	Location on Video

23. Employer Knowledge : The employer is aware how the employees are exposed to the airborne contaminants.

24. Comments (Employer, Employee, Closing Conference) :

25. Other Employer Information :

26. Classification:				
Serious	Knowledge	S or O	Repeat?	Willful?
N	Y	O	N	N

First Repeat	Second Repeat	Repeat Penalty

ILLNESS VIOLATION PENALTY COMPUTATION

ILLNESS DESCRIPTION: Minor respiratory irritation and/or narcotic effect.

SEVERITY: High _____ Medium _____ Low _____ Minimal x

=====

PROBABILITY OF INJURY:

Number Exposed: xFrequency: Continuous _____ Daily x Weekly _____ Partial Shift _____ Short _____
1 to 8 Hours Per Week _____ Greater Than 8 Hours per Week _____PPE: Not Used _____ Used By Some Employees x Used By All Employees _____No Written Program x Good Written Program _____

Written Program With Minor Deficiencies _____

Medical Surv.: No Program x Effective Program _____ Partially Effective Program _____Stress Factor: n/a

Other Factors: Only small amount of glue are used.

FINAL PROBABILITY ASSESSMENT: GREATER _____ LESSER x

=====

ADJUSTMENT FACTORS

Good Faith: 25% _____
15% _____
0% x

Justification:

The employer has no written safety and health programs.

History: 10% x
0% _____

Justification:

The company has not been inspected by OSHA previously.

=====

Event Date	Event Code	Action Code	Citation Type	Penalty	Abate Date	Final Order
03/24/99	Z Add transaction	A Add	O Other	0.0	04/26/99	

U. S. Department of Labor
Occupational Safety and Health Administration



Worksheet

Wed Mar 24, 1999 5:42pm

				Inspection Number		301460580	
				Opt. Insp. Number		387	
Establishment Name [REDACTED]							
Type of Violation		O Other		Citation Number		02	
Number Exposed		2		No. Instances		2	
Std. Alleged Vio.		1910.1200(h)(1)		Item/Group		014	
				REC			

Abatement Period	MultiStep Abatements			Final Abatement	Action Type/Dates
	PPE Period	Plan	Report		
30				04/26/99	

Substance Codes	
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AVD/Variable Information:
29 CFR 1910.1200(h)(1): Employees were not provided information and training as specified in 29 CFR 1910.1200(h)(2) and (3) on hazardous chemicals in their work area at the time of their initial assignment and whenever a new physical or health hazard the employees have not been previously trained about was introduced into their work area:

On or about January 7, 1998.

a) Cutting and Polishing Area.

Employees who use materials such as, but not limited to,

silica (a component of the airborne dust generated during cutting and polishing of marble which can cause silicosis);

trichloroethylene (a narcotic), styrene monomer (an irritant, central nervous system depressant, narcotic and mutagen), and benzoyl peroxide (an irritant) [which are used during gluing and polishing operations]; and

propane (a flammable liquid which is used to power a forklift)

were not informed of all of the following:

- 1) The requirements of this section;
- 2) Any operations where hazardous chemicals are present; and
- 3) The location and availability of the written Hazard Communication Program, list(s) of hazardous chemicals, and Material Safety Data Sheets.

Employees were not trained in at least all of the following topics:

- 1) Methods and observances that may be used to detect the presence or release of a hazardous chemical in the work area;
- 2) The physical and health hazards of the chemicals in the work area;
- 3) The measures employees can take to protect themselves, such as specific procedures, appropriate work practices, emergency procedures and personal protective equipment to be used; and
- 4) The details of the Hazard Communication Program, including an explanation of the labeling systems, Material Safety Data Sheets, and how employees can obtain and use the appropriate hazard information.

NOTE: The employer is required to submit abatement certification for this item in accordance with 29 CFR 1903.19.

Penalty Calculations				Adjustment Factors			Proposed Adjusted Penalty
Severity	Probability	Gravity	GBP	Size	Good Faith	History	
N Minimal	L Lesser	01		60	0	10	0.0
Repeat Factor		0					

Employee Exposure:							
Occupation	Assembler			Employer			
Nr of Employees	2			Duration		Frequency	
Employee Name							
Address				Phone			

Instance Description:	A. Hazard	B. Equipment	C. Location	D. Injury/Illness	E. Measurements
-----------------------	-----------	--------------	-------------	-------------------	-----------------

4. Date/Time
1/7/99 15:00

20. Instance Description - Describe the following:

a) Hazards-Operation/Condition-Accident

The CSHO observed employees being exposed to dust during marble cutting and polishing operations. The CSHO observed visible dust that settled on surfaces in the area, apparently generated during shaping operations. (On the first day on the site the CSHO observed visible dust in the air that had been created during shaping and/or polishing operations, so it is known that the dust settled as a result of shaping and polishing marble slabs.) The presence of the settled dust demonstrates employee exposure to the dust, which was found to contain 30% silica. [NOTE: Personnel monitoring samples contained no silica. Apparently, the raw material whose dust settled onto the work surfaces apparently had different components than the raw material used on the day of the sampling.]

During polishing and gluing operations, employees use materials that contain trichloroethylene, benzoyl peroxide, and styrene monomer.

Employees use a liquid propane powered forklift.

CSHO discussions with the owner revealed that the company has no hazard communication program or material safety data sheets. CSHO interview of employees revealed that the employees were unaware of the hazards of silica and had been given no hazard communication training.

NOTE: The employer manufactures only ARTICLES as defined by 1910.1200 so therefore has not violated any of the labeling requirements of 1910.1200.

b) Equipment

n/a

c) Location

The dust is generated in the cutting/polishing area. The glue is used in the field.

d) Injury/Illness

Because personnel sampling results did not establish employee exposure to concentrations of airborne contaminants in excess of allowable amount, the violations is classified as other than serious. Possible effects are minor respiratory irritation and dizziness.

e) Measurements

21. Photo Number	Location on Video

23. Employer Knowledge : The employer is aware how the employees are exposed to the airborne contaminants.

24. Comments (Employer, Employee, Closing Conference) :

25. Other Employer Information :

26. Classification:				
Serious	Knowledge	S or O	Repeat?	Willful?
N	Y	O	N	N

First Repeat	Second Repeat	Repeat Penalty

ILLNESS VIOLATION PENALTY COMPUTATION**ILLNESS DESCRIPTION:** Minor respiratory irritation and/or narcotic effect.**SEVERITY:** High ____ Medium ____ Low ____ Minimal x**PROBABILITY OF INJURY:**

Number Exposed: X

Frequency: Continuous ____ Daily x Weekly ____ Partial Shift ____ Short ____
1 to 8 Hours Per Week ____ Greater Than 8 Hours per Week ____PPE: Not Used ____ Used By Some Employees x Used By All Employees ____
No Written Program x Good Written Program ____
Written Program With Minor Deficiencies ____Medical Surv.: No Program x Effective Program ____ Partially Effective Program ____

Stress Factor: n/a

Other Factors: Only small amount of glue are used.

FINAL PROBABILITY ASSESSMENT: GREATER ____ LESSER x**ADJUSTMENT FACTORS**Good Faith: 25% ____
15% ____
0% x

Justification:

The employer has no written safety and health programs.

History: 10% x
0% ____

Justification:

The company has not been inspected by OSHA previously.

Event Date	Event Code	Action Code	Citation Type	Penalty	Abate Date	Final Order
03/24/99	Z Add transaction	A Add	O Other	0.0	04/26/99	

OSHA 14, 91, 92, 90, 168



Citation and Notification of Penalty

Company Name: [REDACTED]

Inspection Site: [REDACTED]

Citation 2 Item 10 Type of Violation: Other

29 CFR 1910.1200(e)(1): The employer did not develop, implement, and/or maintain at the workplace a written hazard communication program which describes how the criteria specified in 29 CFR 1910.1200(f), (g), and (h) will be met:

On or about January 7, 1998.

a) Cutting and Polishing Area.

The employer did not implement a written hazard communication program at the worksite. When cutting, shaping, and polishing, employees are exposed to silica (which can cause silicosis). When using glues and/or silicone stone polish, employees are exposed to hazardous chemicals including, but not limited to, trichloroethylene (a narcotic), styrene monomer (an irritant, central nervous system depressant, narcotic and mutagen), and benzoyl peroxide (an irritant). Employees are also exposed to the hazards of propane (a flammable liquid) which is used to power a forklift.

ABATEMENT NOTE:

A written program should include descriptions of how the criteria for the following will be met:

1) Labeling and other forms of warning, including person(s) responsible for ensuring proper labeling, methods of labeling to be used, and procedures to review and update labels when necessary;

2) Material Safety Data Sheets, including person(s) responsible, methods of storage and access, and procedures to follow should Material Safety Data Sheets be missing;

3) Employee information and training, including person(s) responsible for the training, format of the training, elements of the training program, and procedures for scheduling of the training.

Additionally, a list of hazardous chemicals known to be present in the workplace must be compiled. Methods used to inform employees of the hazards associated with non-routine tasks and to inform contractors of workplace hazards must also be addressed. The written program must be made available upon request.

U.S. Department of Labor
Occupational Safety and Health Administration

Inspection Number: 301460580
Inspection Dates: 01/07/99 - 03/24/99
Issuance Date: 03/24/99



Citation and Notification of Penalty

Company Name: [REDACTED]
Inspection Site: [REDACTED]

Citation 2 Item 12 Type of Violation: **Other**

29 CFR 1910.1200(f)(5)(ii): The employer did not ensure that each container of hazardous chemicals in the workplace was labeled, tagged or marked with the appropriate hazard warnings:

On or about January 7, 1998.

a) Cutting and Polishing Area.

Employees transferred Akemi Plastics Inc. Hi-Speed Hardening Paste from its original container to a screw-cap container. The screw-cap container was not labeling with chemical hazards of the hardening paste. The material contains, among other hazardous ingredients, benzoyl peroxide (an irritant).

ABATEMENT NOTE: Correct labels list both physical (safety) and health hazards.

NOTE: The employer is required to submit abatement certification for this item in accordance with 29 CFR 1903.19.

Date By Which Violation Must be Abated:	04/11/99
Proposed Penalty:	\$ 0.00

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.



Citation and Notification of Penalty

Company Name: [REDACTED]

Inspection Site: [REDACTED]

Citation 2 Item 13 Type of Violation: **Other**

29 CFR 1910.1200(g)(1): The employer did not have a material safety data sheet for each hazardous chemical which they used:

On or about January 7, 1998.

a) Cutting and Polishing Area.

Hazardous chemicals for which material safety data sheets were missing include, but are not limited to, silica (which can cause silicosis) whose exposure results from cutting, shaping, and polishing operations; trichloroethylene (a narcotic), styrene monomer (an irritant, central nervous system depressant, narcotic and mutagen), and benzoyl peroxide (an irritant) whose exposures result during gluing and polishing operations; and propane (a flammable liquid) whose exposure results from use of a propane powered forklift.

ABATEMENT NOTE: When raw materials are used in such a manner that employees are exposed to hazardous chemicals, the employer must obtain Material Safety Data Sheets from the manufacturers or importers of the materials. For example, if marble slabs contain a percentage of silica, and if employees shape or polish the slabs so that silica dust is liberated into the air, a Material Safety Data Sheet for the material must be obtained.

NOTE: The employer is required to submit abatement certification for this item in accordance with 29 CFR 1903.19.

Date By Which Violation Must be Abated:	04/26/99
Proposed Penalty:	\$ 0.00



Citation and Notification of Penalty

Company Name: [REDACTED]
Inspection Site: [REDACTED] 10977

Citation 2 Item 14 Type of Violation: Other

29 CFR 1910.1200(h)(1): Employees were not provided information and training as specified in 29 CFR 1910.1200(h)(2) and (3) on hazardous chemicals in their work area at the time of their initial assignment and whenever a new physical or health hazard the employees have not been previously trained about was introduced into their work area:

On or about January 7, 1998.

a) Cutting and Polishing Area.

Employees who use materials such as, but not limited to,

silica (a component of the airborne dust generated during cutting and polishing of marble which can cause silicosis);

trichloroethylene (a narcotic), styrene monomer (an irritant, central nervous system depressant, narcotic and mutagen), and benzoyl peroxide (an irritant) [which are used during gluing and polishing operations]; and

propane (a flammable liquid which is used to power a forklift)

were not informed of all of the following:

- 1) The requirements of this section;
- 2) Any operations where hazardous chemicals are present; and
- 3) The location and availability of the written Hazard Communication Program, list(s) of hazardous chemicals, and Material Safety Data Sheets.

Employees were not trained in at least all of the following topics:

- 1) Methods and observances that may be used to detect the presence or release of a hazardous chemical in the work area;
- 2) The physical and health hazards of the chemicals in the work area;

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

U.S. Department of Labor
Occupational Safety and Health Administration

Inspection Number: 301460580
Inspection Dates: 01/07/99 - 03/24/99
Issuance Date: 03/24/99



Citation and Notification of Penalty

Company Name: [REDACTED]

Inspection Site: [REDACTED] 7

-
- 3) The measures employees can take to protect themselves, such as specific procedures, appropriate work practices, emergency procedures and personal protective equipment to be used; and
 - 4) The details of the Hazard Communication Program, including an explanation of the labeling systems, Material Safety Data Sheets, and how employees can obtain and use the appropriate hazard information.

NOTE: The employer is required to submit abatement certification for this item in accordance with 29 CFR 1903.19.

Date By Which Violation Must be Abated:	04/26/99
Proposed Penalty:	\$ 0.00

Area Director

See pages 1 through 4 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

OSHA 1/13

Coverage Information/Additional Comments

The inspection was initiated by a referral from a local government body.

When the CSHO arrived at the site, only two employees were working in the facility. Both of these employees were production workers. One of the employees did identify himself as "foreman" but he indicated he had no authority to take any management action concerning the CSHO's request to do an inspection. This employee telephoned someone at a remote location (the showroom in [redacted]). The CSHO spoke with a person who was very reluctant to provide any information. This person identified herself as [redacted] and stated that the owner of the company was at a new construction site that had no telephone. She stated that while he had a personal phone number, she did not know this number. She stated that he would only return sometime between 5:00 and 5:30 and that she would leave a message that he call the CSHO. The CSHO then told her that he needed to call his office to speak with his supervisor. The CSHO called the office and spoke with Mr. [redacted] who provided the CSHO with some instruction on how to proceed. The CSHO then called [redacted] back and told her that it is OSHA policy to request an immediate inspection and that if the CSHO did not receive consent, the CSHO would have to apply for a warrant to enter the facility. The CSHO emphasized that this was the reason why it is imperative for Mr. [redacted] to call the CSHO upon arriving at the showroom. The CSHO hung up the telephone, and almost immediately the telephone rung [redacted] answered the call. (The CSHO could not hear the conversation, but the party on the line sounded male.) [redacted] hung up the telephone after a fairly brief conversation and told the CSHO that he was just instructed not to talk to the CSHO about anything dealing with the work. He would not tell the CSHO the name of the person who gave him this order. He also told the CSHO that this person (who he implied was his boss) told him that the CSHO could not use the phone. The CSHO asked him several times who told him this and asked him if this person explicitly told the worker that the CSHO could not use to phone to call back the showroom. He only replied that he was told that the CSHO could not use the phone and he had to follow his bosses orders.

At this point, the CSHO left the site, since the CSHO could not obtain permission from any person to conduct the inspection. The CSHO drove to a public telephone and advised Mr. [redacted] of the situation. Upon supervisory instruction, the CSHO returned to the OSHA office after which he and Mr. [redacted] called the showroom at about 4:00. Mr. [redacted] was at the showroom. He stated that no one told him that the CSHO had been at the site and that Mr. [redacted] needed to call the CSHO. Mr. [redacted] explained that OSHA needed permission to do the inspection. Mr. [redacted] explained that management could delegate any person to accompany the CSHO during the inspection. Mr. [redacted] asked several times if Mr. [redacted] would allow the inspection to proceed. Mr. [redacted] finally agreed to meet the CSHO at the site the following day at 2:00. Mr. [redacted] told Mr. [redacted] that the CSHO would answer his questions about the inspection at that time.

On January 8, 1999, Mr. [redacted] met the CSHO as promised. During the opening conference the CSHO explained that the referral was originated from a local government agency (but the CSHO did not identify the name of the person who made the referral) and the CSHO explained that the investigation would be limited to employee exposure to silica and any other violations the CSHO observed while evaluating compliance with OSHA regulation relating to silica exposure. Mr. [redacted] related to the CSHO the background of this operation. He was forcibly relocated when he lost a former site due to widening of a highway. He stated that he applied for a permit to expand the current worksite (which cannot accommodate a showroom) and that his neighbor instigated a series a problems dealing with a local building inspector who has allegedly issued him numerous unwarranted violations. He stated that he was going to attend an evening town meeting this day (January 8) in an attempt to resolve the problem. [Numerous times during the walkaround he asked the CSHO if he "passed" as otherwise he would just move from the site. The CSHO repeatedly explained to him that OSHA does not tell employees they cannot work at a specific site. The CSHO repeatedly explained to him that, at most, if there turned out to be a silica exposure problem, he would just have to upgrade the ventilation equipment.]

THE WALKAROUND

The building used to be used by a group of doctors. The house appears to have originally been build as a residence that was converted into a business office. The main floor of the facility is currently used for storage, as is the garage. There is one room which would be called the basement if the building were residential (although this room is on ground level). The operations are done in this room. The operations involve taking marble sheets and shaping them in table tops. This involves cutting the marble sheets, shaping the edges with a router, and polishing the edges (an 8 step process). The saw, the router, and the air-powered grinder all spray water on the marble when in operation, which will diminish airborne silica concentrations.

Sometime in December, 1998, the air compressor failed, which prevented employees from using the water equipped grinder when polishing the marble. According to the employer, the compressor was replaced but then a problem

developed with the water pump. The compressor was finally repaired on the day of the opening conference. The employer stated that while the bulk of the polishing could not be done, the 2 employees were doing some work with an electric powered grinder. This would have created abnormally high concentrations of dust (which may have resulted in the referral). The CSHO did observe a visible layer of dust in the area. The employee who has been working for the employer for 4 years stated that there is dust even when the water is used during the process. Because there is no other way to determine the extent of dust generation, the CSHO arranged to return to the site on a day when all the steps of the process will be active. In particular, sometimes an opening must be cut into the marble slate (which cannot be done with the table saw) and this process might produce the highest concentrations of air contaminants. The employer said he first had to finish polishing the backlog of pieces that built up during the compressor failure. He told the CSHO he would be building a vanity the following week and the CSHO agreed to do the sampling on that day.

PLAIN VIEW OBSERVATIONS

The CSHO observed employees powered the electric grinding tools with flexible extension cords that were damaged. See OSHA 1Bs for more information.

The CSHO observed the operation of the machine that cut the marble slabs. The machine resembles a radial saw. Because only the top half of the blade was guarded, the CSHO researched whether such a setup is safe. The CSHO spoke with several manufacturers of stone cutting equipment. All of them stated that their machines only guard the top half of the blade (or, in one case, 210° of the upper portion of the blade. They claimed that the blade is similar to an abrasive wheel in that it has no teeth. The cutting of the marble or other stone is achieved by small diamond studs that are fixed to the blade. These are smooth studs, so touching the blade while it is revolving would be similar to touching an abrasive wheel while it is rotating. The manufacturers stated that the hazard involved with the blade involves the diamond studs which can come loose from the blade and which are usually caught by the guard. Because the CSHO could find no information contradicting this assessment, the guard used on the [REDACTED] machine must be considered as acceptable.

(NOTE: The CSHO could not contact the manufacturer of the machine in use at the facility. The machine was bought second hand about 20 years ago. It is a Greek machine, with the information on the nameplate written in the Greek alphabet. The employer has no information on the manufacturer of the machine.)

EXPOSURE TO SILICA

The CSHO took a bulk sample of settled dust on the first day of the walkaround. This material had 30% silica as quartz. The PELs for dust with this amount of quartz is 0.9375 mg/m³ for total dust and 0.3125 mg/m³ for respirable dust.

Most of the dust is generated during the shaping of the sides of the marble tops, which involves rounding the edges using a hand-held grinder. On the day of the personnel sampling, employees performed shaping operations for about 30 minutes. After extensively interviewing the employer and the lead man, the CSHO concludes that on those days when shaping is done, the operation usually takes a longer time. However, the CSHO could not obtain sufficient information to make any judgment concerning the duration of exposure on a typical day.

On the day of the sampling, the type of material being shaping apparently contained no quartz, as none was detected in the samples. The CSHO visually observed numerous different types of marble materials, so evidently the composition of the raw material can vary.

Both employees were sampled, and respirable dust exposure levels for both employees were reported to be 1.1 mg/m³ for the actual duration of sampling. The respective 8 hour TWA exposures are 0.74 mg/m³ and 0.825 mg/m³. At these exposure levels, the amount of quartz allowed to be in the respirable dust before a silica overexposure can occur is 11.5% and 10.1%.

While the employees would have been overexposed had the personnel dust samples contained as much quartz as the settled dust, there are three problems involved in interpreting these results. First, the CSHO did not observe what materials generated the settled dust. Second, the employer has no material data sheets for his raw materials that could possibly establish if certain types of the marble raw material are contaminated with silica. Third, the mineral content in the raw materials is probably variable since natural materials mined from the earth do not maintain constant composition. Therefore, resampling at this time would not likely result in greatly different results from the current results.

Rather than resampling, which would be a hit or miss situation, the employer will be cited for Hazard Communication violations. The employer will be required to obtain material safety data sheets for all of his raw materials. This documentation will be reviewed by OSHA during abatement verification. Based upon the material safety data sheets and changes to the employer's safety and health program regarding silica exposure, OSHA can resample the employees during a followup inspection.

NOISE EXPOSURE

Cutting operations produces an elevated noise level, but it is of very short duration. The majority of the employee's noise exposure occurs during polishing (between 85 and 90 dBA) and shaping (over 100 dBA). Therefore, only shaping operations substantially influence the average noise level using the 90 dBA threshold.

ON the day of the noise sampling, the helper did most of the polishing and shaping. His exposure was 24% for an 80 dBA threshold and 17% for the 90 dBA threshold. The lead man's exposures were about 5 dBA lower. This suggests that the employee would need to shape for about 3 hours before averaging a 90 dBA exposure using a 90 dBA threshold. However, he would only have to do about an hour of shaping to be covered by the hearing conservation requirements of the OSHA standard.

Because the work that is done on a given day is dependent on customer orders, it is difficult to arrange to sample on a "typical" day. Therefore, rather than wasting time resampling, the employer was advised of the hearing conservation requirements and was told he **MUST** do noise monitoring to determine what levels of noise employees are typically exposed to. The state consultation service was mentioned. Unless the employer takes appropriate action, OSHA can resample during a followup inspection.

CSHO Signature		Date	
Accompanied By			

MOD	Date	Air Sampling Report	U.S. Department of Labor	Occupational Safety and Health Admin.
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1. Reporting ID: 216000 2. Inspection No: 301460580 3. Sampling Number: 913660452

4. Establishment Name:

5. CSHO ID: M2116 6. Sampling Date: 01/26/1999 7. Shipping Date: 01/18/1999 8. Date Results Received:

9. Job Title: LEAD MAN

11. Number Exposed:

12. Frequency of Exposure:

Exposure Summary

13.	14.	15.	16.	17.	18.	19.	20.	21.	22.	23. Citation Information							
Line No.	Sub. Code	Req. std	Smpl Type	Exp Type	Exposure Level	Units	PEL	Adj	Severity	No. Cit.	FTA	Over Exp.	Eng.	PPE	Trng.	Med.	Other
	G301	L	P	I	1.1000 M					A	B	C	D	E	F	G	H
										A	B	C	D	E	F	G	H
										A	B	C	D	E	F	G	H
										A	B	C	D	E	F	G	H
24. Additives (Enter Line No. for those agents contributing to additive effects:										A	B	C	D	E	F	G	H

25. Total Number of Lines (13): Analysis Results

26. Analyst's Comments (Including Analytical Method) GRAV

27. CHAIN OF CUSTODY	INIT	DATE
a. Seals Intact?	Y	
b. Recd in Lab		02/01/1999
c. Recd by Anal.	Y	02/02/1999
d. Anal. Completed	Y	02/11/1999
e. Calc. Checked	Y	02/12/1999
f. Supr OK	Y	03/03/1999

28. Sample Submission No	1786	J099
29. Lab Sample No.	R 78433 AIR	R 78434 ABLNK
Time / Type	318.0Min/ P	0.0 P
30. Analyte Name	31. Analysis Results / 32. Sa	
G301 Gravimetric Determination	1.1183 M	0. M
	T	BLK
G302 Sample Weight	0.605 Y	0. Y
	T	T

OSHA-91B (Rev. 1/84) Sampling Number: 913660452 Case File Page /of

TWA calculated on actual time sampled. The I.H. is free to make changes on the Form 91B and submit them directly to IMIS.

UNITS of MEASURE are:

P = Parts per million M = Milligrams per cubic meter L = Milligrams per liter (urine)
F = Fibers per cubic centimeter % = Percent D = Micrograms per deciliter (blood)
X = Micrograms Y = Milligrams C = Pico curies per liter (Radon gas)

Analyte codes are chosen by the laboratory. The I.H. should review them for applicability. If there are any questions call the laboratory for appropriate analyte codes (ie. IC³ uses four analyte codes when the IH may have sampled for dust).

Sampling Number: 913660452 Electronic Copy

1. Reporting ID: 216000 2. Inspection No: 301460580 3. Sampling Number: 913660452

4. Establishment Name: [REDACTED]

5. CSHO ID: M2116 6. Sampling Date: 01/26/1999 7. Shipping Date: 01/28/1999 8. Date Results Received:

9. Job Title: LEADMAN

11. Number Exposed:

12. Frequency of Exposure:

Exposure Summary

13. Line No.	14. Sub. Code	15. Req. std	16. Smpl Type	17. Exp Type	18. Exposure Level	19. Units	20. PEL	21. Adj	22. Severity	23. Citation Information
No.	Code	std	Type	Type	Level					Ho Cit. FFA Over Eng. PPA Irng. Med. Other
										A B C D E F G H
										A B C D E F G H
										A B C D E F G H

24. Additives (Enter Line No. for those agents contributing to additive effects): A B C D E F G H

25. Total Number of Lines (13): Analysis Results

26. Analyst's Comments (Including Analytical Method) ID142

The Det. Lim for 9010 Air samples is 10 micrograms.

27. CHAIN OF CUSTODY

INIT DATE

a. Seals Intact? Y
b. Recd in Lab 02/01/1999
c. Recd by Anal. 02/16/1999
d. Anal. Completed 02/25/1999
e. Calc. Checked 03/01/1999
f. Supr OK 03/03/1999

28. Sample Submission No 1786 J099
29. Lab Sample No. R 78436 AIR R 78437 ABLNK
Time / Type 318.Min/ P 0. P

30. Analyte Name

31. Analysis Results / 32. Sample Included in Calculations of:

9010 Silica, Crystalline Quartz (as Qua 0.000000 % 0.000000
T ND I BLNK

OSHA-91B (Rev. 1/84) Sampling Number: 913660452

Case File Page /of

TWA calculated on actual time sampled. The I.H. is free to make changes on the Form 91B and submit them directly to IMIS.

UNITS of MEASURE are:

P = Parts per million M = Milligrams per cubic meter L = Milligrams per liter (urine)
F = Fibers per cubic centimeter % = Percent D = Micrograms per deciliter (blood)
X = Micrograms Y = Milligrams C = Pico curies per liter (Radon gas)

Analyte codes are chosen by the laboratory. The I.H. should review them for applicability. If there are any questions call the laboratory for appropriate analyte codes (ie. ICP uses fume analyte codes when the IH may have sampled for dust).

The Sampling and Analytical Error (SAE) is the current value for the specific chemical(s) and should be used for further calculations:

Silica, Crystalline Quartz (as 0.19

ND The results are below the detection limits.

Sampling Number: 913660452

Electronic Copy

Thu Jan 28, 1999 2:24pm

MOD	Date	Reporting ID 0216000	Inspection Number 301460580	Sampling Number 913660452
Establishment Name [REDACTED]				Sampling Date 01/26/99
				Shipping Date 01/28/99
Person Performing Sampling (Signature)			Print Last Name Paul Madura	CSHO ID M2116
Employee (Name, Address, Telephone Number)			Exposure Information	a. Number 2
				b. Duration 1+ year
			Frequency	16 hours / week
			Weather Conditions	Photo(s) Y
Job Title Lead Man		Occupation Code		
PPE (Type and Effectiveness)			Pump Checks and Adjustments	
Job Description, Operation, Work Location(s), Ventilation and Controls				
Cont'd				
Pump Number: 10445				
Sampling Data				
Lab Sample Number				
Sample Submission Number	112096-38			
Sample Type	P			
Sample Media	pre-weighed	PVC filter		
Filter/Tube No.	1786			
Time On/Off	8:36	12:53		
	11:54	14:53		
Total Time (in minutes)	(198)	(120) 318		
Flow Rate <input type="checkbox"/> l/min <input type="checkbox"/> cc/min		1.7		
Volume (in liters)		541		
Net Sample Weight (in mg)				
Analyze Samples for:	Indicate Which Samples to Include in TWA, Ceiling, etc. Calculations			
SILICA (20% LAB 60)	Silica (resp.)	T		
Interference and IR Comments to Lab The material in use is marble, which is calcium carbonate. If there is any silica in the bulk sample at all, please analyze for silica on the filter as silica on the filter would help document a hazard communication violation.	Supporting Samples		Chain of Custody	Initials
	a. Blanks		Seals Intact	Y N
	112096-36 (filter J099)		Received in Lab	
			Received by Analyst	
	b. Bulks		Analysis Complete	
	1798-1		Calculation Checked	
			Supervisor OK'd	
	Case File Page			01

Pre-Sampling Calibration Records						FLOW	AVERAGE	
PRE	Pump Mfg. & SN 10445		Flow Rate Calculations BASB 3447 B / 1692 cc/min x PAVTOR 1419 P / 12/1000 cc CELL 49265 = 1.692 lpm			1691	1691	
	Voltage Checked? <input type="checkbox"/> Yes <input type="checkbox"/> No					1692	1692	
	Location/T & Alt. OFFICE		Flow Rate 1.7 lpm	Method <input type="checkbox"/> Bubble <input type="checkbox"/> PR	Initials	Date/Time 1-11-99 900	1693	1692
							1691	1692
						1694	1692	
						1693	1692	
Post-Sampling Calibration Records								
POST	Location/T & Alt. OFFICE		Flow Rate Calculations 1734 cc/min x 12/1000 cc = 1.734 lpm			1734	1734	
						1735	1735	
						1733	1734	
						1734	1734	
						1734	1734	
Flow Rate 1.7 lpm		Initials		Date/Time 1-27-99 1045				
Sampling Weight Calculation								
Filter No								
Final Weight (mg)								
Initial Weight (mg)								
Weight Gained (mg)								
Blank Adjustment								
Net Sample Weight (mg)								

Calculations and Notes

$$(1.153)(\text{mg}/\text{m}^3)(318 \text{ min}) / 480 \text{ min} = 0.74 \text{ mg}/\text{m}^3$$

Air Sampling Worksheet

U.S. Department of Labor
Occupational Safety and Health Administration

1. Reporting ID		2. Inspection Number 301 460 580		3. Sampling Number 913660452	
4. Establishment Name				5. Sampling Date	
6. Shipping Date				7. Person Performing Sampling (Signature)	
8. Print Last Name				9. CSHO ID	
10. Employee (Name, Address, Telephone Number)				14. Exposure Information	
11. Job Title LEAD MAN				a. Number	
12. Occupation Code				b. Duration	
13. PPE (Type and Effectiveness) UNAPPROVED DUST MASK				c. Frequency	
15. Weather Conditions				16. Photo(s) Y	
17. Pump Checks and Adjustments					

18. Job Description, Operation, Work Location(s), Ventilation, and Controls

Cont'd

19. Pump Number: 10445		Sampling Data			
20. Lab Sample Number					
21. Sample Submission Number	112096-38				
22. Sample Type					
23. Sample Media					
24. Filter/Tube Number	2786				
25. Time On/Off	8:36	12:53			
	11:54	14:53			
26. Total Time (in minutes)					
27. Flow Rate					
<input type="checkbox"/> l/min <input type="checkbox"/> cc/min					
28. Volume (in liters)					
29. Net Sample Weight (in mg)					
30. Analyze Samples for:		31. Indicate Which Samples to Include in TWA, Ceiling, etc. Calculations			
32. Interferences and IH Comments to Lab		33. Supporting Samples		34. Chain of Custody	
		a. Blanks:		a. Seals Intact? Y N	
		b. Bulks:		b. Rec'd in Lab	
				c. Rec'd by Anal.	
				d. Anal. Completed	
				e. Calc. Checked	
				f. Supr. OK'd	
				Date	

Case File Page

of

Sample Calibration Record

35. Pump Mfg. & SN		38. Flow Rate Calculations	
36. Voltage Checked? <input type="checkbox"/> Yes <input type="checkbox"/> No			
37. Location/T & Alt.			
39. Flow Rate	40. Method <input type="checkbox"/> Bubble <input type="checkbox"/> PR	41. Initials	42. Date/Time

Sample Calibration Record

43. Location/T & Alt.		44. Flow Rate Calculations	
45. Flow Rate	46. Initials	47. Date/Time	

Sample Weight Calculation

48. Filter No.						
49. Final Weight (mg)						
50. Initial Weight (mg)						
51. Weight Gained (mg)						
52. Blank Adjustment						
53. Net Sample Weight (mg)						

54. Calculations and Notes:

203281V25

Air Sampling Report

U.S. Department of Labor
Occupational Safety and Health Administration

Wed Mar 24, 1999 2:05pm

MOD	Date	Reporting ID	0216000	Inspection Number	301460580	Sampling Number	913660460										
Establishment																	
CSHO ID		M2116	Sampling Date		01/26/99	Shipping Date		01/28/99	Date Result Received		03/03/99						
Job Title				Helper		Occupation Code			Number Exposed			0					
Frequency of Exposure												16 hours / week					
Exposure Summary																	
Line No	Substance Code	Rqstd	Smpl Type	Exp Type	Exposure Level	Units	PEL	Adj	Severity	Citation Information							
										No Cit	FTA	Over Exp	Eng	PPE	Trng	Med	Other
01	9010	L	P	F						X							
02	9130	L	P	T	0.82000	M	0.50000		1.64000	X							
Additives:																	
Total Number of Lines																	
Analyst's Comments (Including Analytical Method)										Chain of Custody							
										Seals Intact							
										Received in Lab							
										Received by Analyst							
										Analysis Complete							
										Calculation Checked							
										Supervisor Ok'd.							
Sample Submission Number																	
Lab Sample Number																	
Analyte Name		Analysis Results and Sample Included in Calculation of:															

Case File Page										of							

MOD Date Air Sampling Report U.S. Department of Labor Occupational Safety and Health Admin.

1. Reporting ID: 216000 2. Inspection No: 301460580 3. Sampling Number: 913660460

4. Establishment Name: [REDACTED]

5. CSHO ID: M2116 6. Sampling Date: 01/26/1999 7. Shipping Date: 01/18/1999 8. Date Results Received:

9. Job Title: HELPER

11. Number Exposed:

12. Frequency of Exposure:

Exposure Summary

13. Line No.	14. Sub. Code	15. Req std	16. Smpl Type	17. Exp Type	18. Exposure Level	19. Units	20. PEL	21. Adj	22. Severity	23. Citation Information	No	FTA	Over	Eng.	PPE	Trng.	Med.	Other
										Cit.								
	G301	L	P	T	1.1000 M						A	B	C	D	E	F	G	H
											A	B	C	D	E	F	G	H
											A	B	C	D	E	F	G	H
											A	B	C	D	E	F	G	H

0-82

24. Additives (Enter Line No. for those agents contributing to additive effect): A B C D E F G H

25. Total Number of Lines (13): Analysis Results

26. Analyst's Comments (Including Analytical Method) GRAV

27. CHAIN OF CUSTODY INIT DATE
a. Seals Intact? Y
b. Recd in Lab 02/01/1999
c. Recd by Anal. 02/02/1999
d. Anal. Completed 02/11/1999
e. Calc. Checked 02/12/1999
f. Supr OK 03/03/1999

28. Sample Submission No J086

29. Lab Sample No. R 78432 AIR
Time / Type 371.0Min/ P

30. Analyte Name 31. Analysis Results / 32. Sample Included in Calculations of:

G301 Gravimetric Determination 1.0618 M
T
G302 Sample Weight 0.67 Y
T

OSHA-918 (Rev. 1/84) Sampling Number: 913660460

Case File Page /of

TWA calculated on actual time sampled. The I.H. is free to make changes on the Form 918 and submit them directly to JMIS.

UNITS of MEASURE are:

P = Parts per million M = Milligrams per cubic meter L = Milligrams per liter (urine)
F = Fibers per cubic centimeter % = Percent D = Micrograms per deciliter (blood)
X = Micrograms Y = Milligrams C = Pico curies per liter (Radon gas)

Analyte codes are chosen by the laboratory. The I.H. should review them for applicability. if there are any questions call the laboratory for appropriate analyte codes (ie. ICP uses fume analyte codes when the IH may have sampled for dust).
Sampling Number: 913660460 Electronic Copy

MOD Date Air Sampling Report U.S. Department of Labor Occupational Safety and Health Admin.

1. Reporting ID: 216000 2. Inspection No: 301460580 3. Sampling Number: 913660460

4. Establishment Name: [REDACTED]

5. CSHO ID: M2116 6. Sampling Date: 01/26/1999 7. Shipping Date: 01/28/1999 8. Date Results Received:

9. Job Title: HELPER

11. Number Exposed:

12. Frequency of Exposure:

Exposure Summary

13. Line No.	14. Sub. Code	15. Req std	16. Smpl Type	17. Exp Type	18. Exposure Level	19. Units	20. PEL	21. Adj	22. Severity

23. Citation Information

No Cit.	FTA	Over Exp.	Eng.	PPE	Trng.	Med.	Other
A	B	C	D	E	F	G	H
A	B	C	D	E	F	G	H
A	B	C	D	E	F	G	H

24. Additives (Enter Line No. for those agents contributing to additive effect):

A	B	C	D	E	F	G	H
---	---	---	---	---	---	---	---

25. Total Number of Lines (13): Analysis Results

26. Analyst's Comments (Including Analytical Method) ID142

The Det. Lim for 9010 Air samples is 10 micrograms.

27. CHAIN OF CUSTODY

INIT DATE

a. Seals Intact?	Y	
b. Recd in Lab		02/01/1999
c. Recd by Anal.		02/16/1999
d. Anal. Completed		02/25/1999
e. Calc. Checked		03/01/1999
f. Supr OK		03/03/1999

28. Sample Submission No	J086
29. Lab Sample No.	R 78435 AIR
Time / Type	371.0Min/ P

30. Analyte Name

31. Analysis Results / 32. Sample Included in Calculations of:

9010 Silica, Crystalline Quartz (as Qua	0.000000 %
T	ND

OSHA-91B (Rev. 1/84) Sampling Number: 913660460

Case File Page /of

TWA calculated on actual time sampled. The I.H. is free to make changes on the Form 91B and submit them directly to IMIS.

UNITS of MEASURE are:

P = Parts per million	M = Milligrams per cubic meter	L = Milligrams per liter (urine)
F = Fibers per cubic centimeter	% = Percent	D = Micrograms per deciliter (blood)
X = Micrograms	Y = Milligrams	C = Pico curies per liter (Radon gas)

Analyte codes are chosen by the laboratory. The I.H. should review them for applicability. If there are any questions call the laboratory for appropriate analyte codes (ie. ICP uses same analyte codes when the IH may have sampled for dust).

The Sampling and Analytical Error (SAE) is the current value for the specific chemical(s) and should be used for further calculations:

Silica, Crystalline Quartz (as 0.19

ND The results are below the detection limits.

Sampling Number: 913660460

Electronic Copy

Air Sampling Worksheet

U.S. Department of Labor
Occupational Safety and Health Administration

Thu Jan 28, 1999 2:30pm

MOD	Date	Reporting ID 0216000	Inspection Number 301460580	Sampling Number 913660460
Establishment Name				Sampling Date 01/26/99
Person Performing Sampling (Signature)				Shipping Date 01/28/99
Print Last Name			CSHO ID M2116	
Employee (Name, Address, Telephone Number)			Exposure Information	a. Number 0
			b. Duration	
			Frequency 16 hours / week	
Job Title Helper			Occupation Code	Weather Conditions
PPE (Type and Effectiveness)			Photo(s) Y	
			Pump Checks and Adjustments	
Job Description, Operation, Work Location(s), Ventilation and Controls				
Cont'd				
Pump Number: 10478				
Sampling Data				
Lab Sample Number				
Sample Submission Number	112096-57			
Sample Type	P			
Sample Media	pre-weighed PVC filter			
Filter/Tube No.	J086			
Time On/Off	8:45			
	14:56			
Total Time (in minutes)	371			
Flow Rate <input type="checkbox"/> l/min <input type="checkbox"/> cc/min	1.7			
Volume (in liters)	631			
Net Sample Weight (in mg)				
Analyze Samples for:	Indicate Which Samples to Include in TWA, Ceiling, etc. Calculations			
Silica (respirable)	T			
Interference and IH Comments to Lab The material in use is marble, which is calcium carbonate. If there is any silica at all in the bulk sample, please analyze the filter for the presence of silica as such presence would help support a hazard communication violation (even if there is no over-exposure to the PEL).	Supporting Samples		Chain of Custody	Initials
	a. Blanks 112096-36 (filter J099)		Seals Intact	Y N
	b. Bulks 1798-1		Received in Lab	
			Received by Analyst	
			Analysis Complete	
			Calculation Checked	
			Supervisor OK'd	
	Case File Page			of

Pre-Sampling Calibration Records				FLOW	AVERAGE
P R E	Pump Mfg. & SN 10478	Flow Rate Calculations <i>GILBAUER</i> <i>BASIS 3447B</i> <i>1680 cc/min x</i> <i>PRINTER 1419P</i> <i>1 l/1000 cc</i> <i>CELL 49265</i> <i>= 1.68 Lpm</i>		1680	1680
	Voltage Checked? <input type="checkbox"/> Yes <input type="checkbox"/> No			1680	1680
	Location/T & Alt. <i>OPPICG</i>			1680	1680
	Flow Rate <i>1.7 Lpm</i>	Method <input type="checkbox"/> Bubble <input type="checkbox"/> PR	Initials	Date/Time <i>1-11-99 900</i>	
Post-Sampling Calibration Records					
P O S T	Location/T & Alt. <i>OPPICG</i>	Flow Rate Calculations <i>SAME 1715 cc/min x 1 l/1000 cc</i> <i>= 1.715 Lpm</i>		1715	1715
	Flow Rate <i>1.7 Lpm</i>			1714	1715
				1715	1715
		Initials	Date/Time <i>1-27-99 1045</i>	1716	1715
Sampling Weight Calculation					
Filter No					
Final Weight (mg)					
Initial Weight (mg)					
Weight Gained (mg)					
Blank Adjustment					
Net Sample Weight (mg)					

Calculations and Notes

$$(1.0681 \text{ mg/m}^3) (371) / (450) = 0.825 \text{ mg/m}^3$$

Air Sampling Worksheet

U.S. Department of Labor
Occupational Safety and Health Administration

1. Reporting ID	2. Inspection Number 301 460 580	3. Sampling Number 91366046 0
4. Establishment Name	5. Sampling Date	6. Shipping Date
7. Person Performing Sampling (Signature)	8. Print Last Name	9. CSHO ID
10. Employee (Name, Address, Telephone Number)	14. Exposure Information	a. Number b. Duration
	c. Frequency	
	15. Weather Conditions	16. Photo(s) Y
11. Job Title HSE LTR	12. Occupation Code	
13. PPE (Type and Effectiveness) UNAPPROVED DUST MASK	17. Pump Checks and Adjustments	
18. Job Description, Operation, Work Location(s), Ventilation, and Controls		

Cont'd

19. Pump Number: 10478	Sampling Data				
20. Lab Sample Number					
21. Sample Submission Number	112096-57				
22. Sample Type					
23. Sample Media					
24. Filter/Tube Number	J086				
25. Time On/Off	8:45				
	14:13				
26. Total Time (in minutes)	14:56				
27. Flow Rate <input type="checkbox"/> l/min <input type="checkbox"/> cc/min					
28. Volume (in liters)					
29. Net Sample Weight (in mg)					
30. Analyze Samples for:	31. Indicate Which Samples to Include in TWA, Ceiling, etc. Calculations				
32. Interferences and Comments to Lab	33. Supporting Samples		34. Chain of Custody		
	a. Blanks: J099		a. Seals Intact?	Y	N
	b. BULK: 112096-36		b. Rec'd in Lab		
			c. Rec'd by Anal.		
			d. Anal. Completed		
			e. Calc. Checked		
			f. Supr. OK'd		

Case File Page

35. Pump Mfg. & SN		38. Flow Rate Calculations			
36. Voltage Checked? <input type="checkbox"/> Yes <input type="checkbox"/> No		1. 2nd OK 2. Calc Checked 3. A/C Computed 4. Read by A/C 5. Read by A/C			
37. Location/T & Alt.		39. Flow Rate 40. Method <input type="checkbox"/> Bubble <input type="checkbox"/> PR 41. Initials 42. Date/Time			
43. Location/T & Alt.		44. Flow Rate Calculations			
45. Flow Rate		46. Initials		47. Date/Time	

48. Filter No.					
49. Final Weight (mg)					
50. Initial Weight (mg)					
51. Weight Gained (mg)					
52. Blank Adjustment					
53. Net Sample Weight (mg)					

54. Ca

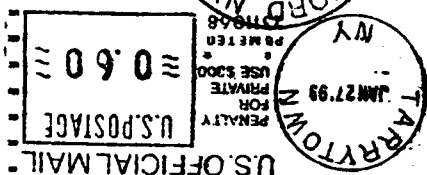
PS Form 3817, Mar. 1989

U.S. POSTAL SERVICE
MAY BE USED FOR DOMESTIC AND INTERNATIONAL MAIL, DOES NOT
PROVIDE FOR INSURANCE-POSTMASTER

Received From:
USDO/OSHA
660 White Plains Road
4th Floor
Tarrytown, NY 10591-5107

One piece of ordinary mail addressed to:
USDO/OSHA
1781 SOUTH 300 WEST
SALT LAKE CITY UT 84115-1802

ELMSFORD NY
JAN 28 1999
USPS
22501



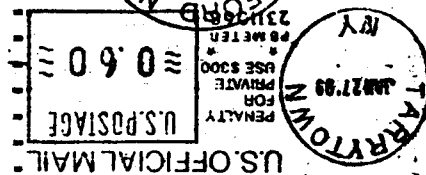
PS Form 3817, Mar. 1989

U.S. POSTAL SERVICE
MAY BE USED FOR DOMESTIC AND INTERNATIONAL MAIL, DOES NOT
PROVIDE FOR INSURANCE-POSTMASTER

Received From:
USDO/OSHA
660 White Plains Road
4th Floor
Tarrytown, NY 10591-5107

One piece of ordinary mail addressed to:
USDO/OSHA
1781 SOUTH 300 WEST
SALT LAKE CITY UT 84115-1802

ELMSFORD NY
JAN 28 1999
USPS
22501



Air Sampling Report

U.S. Department of Labor
Occupational Safety and Health Administration

Wed Mar 24, 1999 2:29pm

MOD	Date	Reporting ID 0216000	Inspection Number 301460580	Sampling Number 401104328
-----	------	----------------------	-----------------------------	---------------------------

Establishment Name

CSHO ID M2116	Sampling Date 01/07/99	Shipping Date 01/18/99	Date Result Received 03/03/99
---------------	------------------------	------------------------	-------------------------------

Job Title Shaper	Occupation Code	Number Exposed 2
------------------	-----------------	------------------

Frequency of Exposure 24 hours / week

Exposure Summary

Line No	Substance Code	Rqstd	Smpl Type	Exp Type	Exposure Level	Units	PEL	Adj	Severity	Citation Information							
										No Cit	FTA	Over Exp	Eng	PPE	Trng	Med	Other
01	S103	L	B		30.00000	%									X		X

Additives:

Total Number of Lines

Analyst's Comments (Including Analytical Method)

Chain of Custody

Seals Intact

Received in Lab

Received by Analyst

Analysis Complete

Calculation Checked

Supervisor Ok'd.

Sample Submission Number

Lab Sample Number

Analyte Name

Analysis Results and Sample Included in Calculation of:

Case File Page

of

Air Sampling Worksheet

U.S. Department of Labor Occupational Safety and Health Administration



Fri Jan 8, 1999 12:35pm

MOD	Date	Reporting ID 0216000	Inspection Number 301460580	Sampling Number 401104328
Establishment Name [REDACTED]				Sampling Date 01/07/99 29
Person Performing Sampling (Signature)				Shipping Date 1-15-99
Employee (Name, Address, Telephone Number) BULK SAMPLE			Print Last Name [REDACTED]	CSHO ID M2116
Exposure Information		a. Number 2	b. Duration 1 year	
Frequency		24 hours / week		
Weather Conditions		Photo(s) Y		
Job Title Shaper		Occupation Code		
PPE (Type and Effectiveness)		Pump Checks and Adjustments		

Job Description, Operation, Work Location(s), Ventilation and Controls

Cont'd

Pump Number:		Sampling Data				
Lab Sample Number						
Sample Submission Number	1899-1					
Sample Type	B					
Sample Media	n/a					
Filter/Tube No.	n/a					
Time On/Off	n/a					
	n/a					
Total Time (in minutes)	n/a					
Flow Rate <input type="checkbox"/> l/min <input type="checkbox"/> cc/min	n/a					
Volume (in liters)	n/a					
Net Sample Weight (in mg)						
Analyze Samples for:	Indicate Which Samples to Include in TWA, Ceiling, etc. Calculations					
Per Cent Silica	X					
Interference and IH Comments to Lab The material is settled dust generated during the cutting and polish of marble slabs.	Supporting Samples		Chain of Custody		Initials	Date
	a. Blanks		Seals Intact	Y	N	
			Received in Lab			
			Received by Analyst			
			Analysis Complete			
			Calculation Checked			
		Supervisor OK'd.				
		Case File Page	of			

MSUS'S

MATERIAL SAFETY DATA SHEET

2/22/99

1- COMMERCIAL NAME : Hi Speed Hardener Paste - all colors**2- HAZARDOUS INGREDIENTS :**

CHEMICAL NAME	CAS NUMBER	QUANTITY in %
1. Benzoyl Peroxide	94-36-0	40-50
2. N/A	N/A	N/A
3. N/A	N/A	N/A
4. N/A	N/A	N/A

3- HAZARDS IDENTIFICATION :**Health Hazard :** Irritant - target organs - eyes, skin, respiratory tracks

NODS PEL - 1N #15

4- FIRST AID MEASURES :

- Change any soiled clothing immediately.
- *In case of eye contact* : open eyelids as far as possible and flush with large quantities of water for at least fifteen minutes. Call a physician ,preferably an eye specialist.
- *In case of skin contact* : physically remove the product and wash skin thoroughly with soap and water. Consult a physician if skin irritation occurs.
- *In case of swallowing* : don't attempt to make him/her vomit. Call a physician and (or) hospitalize the patient immediately.
- *In case of inhalation* : remove the patient from the contaminated area. Call a physician if aftereffects occur.

5- FIRE-FIGHTING MEASURES :**5-1 Fire-extinguisher types :**

- Use : chemical foam, CO2, powder. Where the fire is of major proportions, water spray may also be used.

5-2 Specific fire and explosion risks :

Heat or contamination may cause hazardous decomposition creating oxides of carbon and biphenyl .Toxic and under Combustion may produce flammable vapors.

5-3 specific protective measures during firefighting :

Firefighting personnel should be equipped with insulated, autonomous respiratory protection equipment.

2/22/99

COMMERCIAL NAME : Hi Speed Hardener Paste - all colors

6- ACCIDENTAL RELEASE MEASURES :

6-1 Individual protection :

Wearing of suitable protective clothing and protective equipment for face/eyes.

Use NIOSH-approved organic vapor respirator with dust, mist and fume filters to reduce potential for inhalation exposure if use conditions generate vapor, mist or aerosol and adequate ventilation(outdoor or well ventilated area) is not available.

6-2 Environmental protection : Please see § 12**6-3 Decontamination procedures :**

- Contain spilt material in order to avoid its transfer to sewers or rivers and streams.
- Physically remove the material.
- Cover material with sand, earth or any other similar absorbent material in order to soak product up. The resulting mix may then be shoveled into cans and removed for disposal (Please see § 13).

7- HANDLING AND STORAGE :

7-1 Handling :

- Inform personnel of risks associated with the product, the precautions to be taken and procedures to follow where an accident occurs.
- Observe personal hygiene rules to avoid contact with eyes and skin.
- Avoid inhaling vapors produced by the material when heated.
- General ventilation in the area should be sufficient (fan-driven). Where vapors could possibly escape into the air in the workplace, local specific means of ventilation will be necessary.
- Install showers and eye baths ("fountain" type).
- Wash hands thoroughly at beginning of every work break and at the end of the working day.
- Work stations and the general working area must be kept perfectly clean.
- Avoid exposure to the material of persons having suffered from eczema or still suffering from any skin condition, wound, cut or irritation.

7-2 Storage :

- Keep the material hermetically sealed in its original packaging, protected from humidity and at a temperature below 100°F / 38°C in a well-ventilated storage facility.
- Ensure that the floor of the storage area is impermeable and concave in profile in order to provide effective containment.
- Reproduce labeling on all new packs where original packaging is divided.

8- EXPOSURE CONTROLS/PERSONAL PROTECTION :

8-1 Exposure controls :

Not available.

8-2 Personal protection :

- respiratory protection : respirator, if needed (look at §6)
- gloves : YES (rubber)
- eye protection : YES

Do not mix work clothing and normal clothing. Wash hands thoroughly at beginning of every work break and at the end of the working day.

2/22/99

COMMERCIAL NAME : Hi Speed Hardener Paste - all colors

9- PHYSICAL AND CHEMICAL PROPERTIES :

Physical state : Paste

Color : Red, white or black

Odor : Slight Sweet

pH : not established

Flash point : 200°F / 93°C

Specific gravity : 1.20

Solubility : - in water : at 68°F / 20°C : 1% by weight

- in solvents : soluble in many organic solvents : benzene hydrocarbons and chlorinated hydrocarbons, acetone, phthalates

10- STABILITY AND REACTIVITY

10-1 Dangerous decomposition by-products :

- These are non-existent if storage and handling rules are followed (please see also § 5-2).
- Excessive heating over long periods causes product degradation.

10-2 Hazardous reactions with :

Exothermic reaction with products containing active hydrogen , strong oxidizers, strong bases, metal salts, reducing agents and accelerators.

11- TOXICOLOGICAL INFORMATION :

Effects on eyes : may be moderately irritating

Effects on skin : repeated or prolonged single exposure may cause irritation to the skin. May cause a cutaneous allergic reaction in predisposed individuals. It appears unlikely that any danger is attached to absorption of quantities of the product through the skin following prolonged single exposure.

Effects of inhalation : May cause respiratory tract irritation.

Effects on ingestion : low toxicity for a single oral dose.

12- ECOLOGICAL INFORMATION :

Based on data for one or more similar products :

- *Ecotoxicity :* not known
- *Biodegradability :* yes

13- DISPOSAL CONSIDERATIONS

Waste Disposal:

The EPA Hazardous Waste number is D003

Container Disposal

Empty containers may not be disposed of unless any remaining material adhering to the internal walls has been removed. Empty containers should be disposed of in accordance with all applicable laws and regulations.

2/22/99

COMMERCIAL NAME : Hi Speed Hardener Paste - all colors**14- TRANSPORT INFORMATION :**

DOT Regulation: not regulated
Internal label: H0072000

15- REGULATORY INFORMATION :**US Federal Regulation****Toxic Substances Control Act (TSCA):**

All components are included in the EPA Toxic Substances Control Act Chemical Substance Inventory.

OSHA Hazard Communication Standards (CFR29)

Health (§1910.1200): Irritant

Fire: (§1910.1200): Not Hazardous

Exposure Limits (§1910.1000): PEL - TWA: 5mg/m³

EPA SARA Title III

Section 302 : Extremely Hazardous Chemicals: none

EPA SARA Title III

Section 311/312 : Hazard Categories : Immediate Health Hazard, Delayed Health Hazard

EPA SARA Title III

Section 313 : Toxic Chemicals: Benzoyl Peroxide: C.A.S. 94-36-0 40-50%

Please refer to any other national measures or regulations that may be relevant to the product..

16- OTHER INFORMATION :**HMIS Ratings:****Resin**

- Health:	2
- Flammability:	2
- Reactivity:	2

Ratings Key: 4 = Highest hazard, 0 = Lowest hazard, * = Chronic Health Hazard

REVEALING MODIFICATION :

Revised : 2/22/99

complement to the product use instructions but does not replace them. The information it contains is based on our current knowledge of the product concerned at the date of drafting. That information is given in good faith and does not in any circumstances remove from the user his duty to be aware of and to follow all legal regulations and statutes covering his activities. The user takes sole responsibility for application of safety measures covering the use of the product he is aware of. We also draw the user's attention to the risks attached to any use of the product for applications for which it was not designed.

02/99

Supersedes sheet : 2/19/99 This sheet provides a

MATERIAL SAFETY DATA SHEET

2/22/99

1- COMMERCIAL NAME : Buff Flowing Marble Cement**2- HAZARDOUS INGREDIENTS :**

CHEMICAL NAME	CAS NUMBER	QUANTITY in %
1. Styrene	100-42-5	10-20
2. N/A	N/A	N/A
3. N/A	N/A	N/A
4. N/A	N/A	N/A

3- HAZARDS IDENTIFICATION /DATA:*Exposure Limit: (styrene) - PEL - 100ppm, TLV-STEL - 200ppm**NO EXPOSURE VALUES - 12/4/95**Health Hazard :Irritant (styrene) - target organs - eyes, skin, respiratory tracks.**Fire Hazard - flammable(styrene) - class Ic.**Explosion Hazard - hazardous (styrene) - at elevated temperatures, such as in fire.***4- FIRST AID MEASURES :**

- Change any soiled clothing immediately.
- *In case of eye contact* : open eyelids as far as possible and flush with large quantities of water for at least fifteen minutes. Call a physician ,preferably an eye specialist.
- *In case of skin contact* : physically remove the product and wash skin thoroughly with soap and water. Consult a physician if skin irritation occurs.
- *In case of swallowing* : don't attempt to make him/her vomit. Call a physician and (or) hospitalize the patient immediately.
- *In case of inhalation* : remove the patient from the contaminated area. Call a physician if aftereffects occur.

5- FIRE-FIGHTING MEASURES :**5-1 Fire-extinguisher types :**

- Use : chemical foam, CO2 powder or any Class B extinguishing agent. Where the fire is of major proportions, water spray may also be used.

5-2 Specific fire and explosion risks :

Heat or contamination may cause hazardous polymerization.If polymerization takes place in closed container, there is the possibility of violent rupture of the container. Product vapors may form anexplosive mixture in air.

5-3 Specific protective measures during firefighting :

Firefighting personnel should be equipped with insulated, autonomous respiratory protection equipment.

2/22/99

COMMERCIAL NAME : Buff Flowing Marble Cement

6- ACCIDENTAL RELEASE MEASURES :

6-1 Individual protection :

Ventilation - General ventilation is required during normal use.

Respiratory protection - If TLV or PEL listed in this data sheet is exceeded, then suitable respiratory protection must be worn to prevent overexposure.

Protective Gloves - Wear appropriate impervious gloves to prevent skin contact.

Eye Protection - Wear face shield or protective safety goggles.

Other protective Equipment - Wear protective clothing to prevent skin contact.

6-2 Environmental protection : Please see § 12

6-3 Decontamination procedures :

- Remove all sources of ignition, ventilate area.
- Contain spilt material in order to avoid its transfer to sewers or rivers and streams.
- Physically remove the material.
- Cover material with sand, earth or any other similar absorbent material in order to soak product up. The resulting mix may then be shoveled into cans and removed for disposal (Please see § 13).

7- HANDLING AND STORAGE :

7-1 Handling :

- Inform personnel of risks associated with the product, the precautions to be taken and procedures to follow where an accident occurs.
- Observe personal hygiene rules to avoid contact with eyes and skin.
- Avoid inhaling vapors produced by the material.
- General ventilation in the area should be sufficient (fan-driven). Where vapors could possibly escape into the air in the workplace, local specific means of ventilation will be necessary.
- Install showers and eye baths ("fountain" type).
- Wash hands thoroughly at beginning of every work break and at the end of the working day.
- Work stations and the general working area must be kept perfectly clean.
- Avoid exposure to the material of persons having suffered from eczema or still suffering from any skin condition, wound, cut or irritation.

7-2 Storage :

- Keep the material hermetically sealed in its original packaging, protected from humidity and at a temperature below 100°F / 38°C in a well-ventilated storage facility.
- Ensure that the floor of the storage area is impermeable and concave in profile in order to provide effective containment.
- Reproduce labeling on all new packs where original packaging is divided.

8- EXPOSURE CONTROLS/PERSONAL PROTECTION :

8-1 Exposure controls :

Not available.

8-2 Personal protection :

- respiratory protection : respirator, if needed (look at §6)
- gloves : YES (rubber)
- eye protection : YES

Do not mix work clothing and normal clothing. Wash hands thoroughly at beginning of every work break and at the end of the working day.

2/22/99

COMMERCIAL NAME : Buff Flowing Marble Cement

9- PHYSICAL AND CHEMICAL PROPERTIES :

Physical state : Liquid

Color : milky yellow

Odor : Strong, aromatic

pH : not established

Flash point : 89°F / 31°C

Specific gravity : 1.70

Solubility : - in water : at 68°F / 20°C : insoluble

- in solvents : soluble in many organic solvents : benzene hydrocarbons and chlorinated hydrocarbons, acetone, phthalates, methanol, ethanol e.t.c.

10- STABILITY AND REACTIVITY

10-1 Dangerous decomposition by-products :

- These are non-existent if storage and handling rules are followed (please see also § 5-2).

- Excessive heating over long periods causes product degradation.

10-2 Hazardous reactions with :

Exothermic (polymerization) reaction with strong acids and strong oxidizers.

11- HUMAN EFFECTS AND SYMPTOMS OF OVEREXPOSURE:

Effects on eyes : may be moderately irritating, causing pain, tearing, reddening, swelling and itching.

Effects on skin : repeated or prolonged single exposure may cause irritation to the skin. May cause a cutaneous allergic reaction in predisposed individuals. Styrene can penetrate the skin and may cause systemic effects similar to those identified under acute inhalation exposure.

Effects of inhalation : May cause respiratory tract irritation, may cause drowsiness, nausea, headache, fatigue and dizziness.

Effects on ingestion : Causes irritation in the mouth, stomach tissue and digestive track. Vomiting may cause aspiration of the solvent resulting chemical pneumonia.

12- ECOLOGICAL INFORMATION :

Based on data for one or more similar products :

- *Ecotoxicity :* not known

- *Biodegradability :* yes

13- DISPOSAL CONSIDERATIONS

Waste Disposal:

If discarded, this material should be treated as hazardous waste based on the characteristic of ignitability (D001)

Container Disposal

Empty containers may not be disposed of unless any remaining material adhering to the internal walls has been removed. Empty containers should be disposed of in accordance with all applicable laws and regulations.

2/22/99

COMMERCIAL NAME : Buff Flowing Marble Cement**14- TRANSPORT INFORMATION :**

DOT Regulation: not regulated

Internal label: H0005020

15- REGULATORY INFORMATION :**US Federal Regulation****Toxic Substances Control Act (TSCA):**

All components are included in the EPA Toxic Substances Control Act Chemical Substance Inventory.

OSHA Hazard Communication Standards (CFR29)

Health (§1910.1200): Irritant

Fire (§1910.1200): Flammable-class 1c

Exposure Limits (§1910.1000): PEL - 100ppm, TLV-STEL - 200ppm

EPA SARA Title III

Section 302 : Extremely Hazardous Chemicals: none

EPA SARA Title III

Section 311/312 : Hazard Categories : Immediate Health Hazard, Delayed Health Hazard, Fire Hazard.

EPA SARA Title III

Section 313 : Toxic Chemicals: Styrene - C.A.S. 100-42-5 10-20%

Please refer to any other national measures or regulations that may be relevant to the product.

16- OTHER INFORMATION :**HMIS Ratings:****Resin**

- Health: 2
- Flammability: 3
- Reactivity: 1

Ratings Key: 4 = Highest hazard, 0 = Lowest hazard, * = Chronic Health Hazard

REVEALING MODIFICATION :

Revised : 2/22/99

Supersedes sheet : 8/5/93 This sheet provides a

complement to the product use instructions but does not replace them. The information it contains is based on our current knowledge of the product concerned at the date of drafting. That information is given in good faith and does not in any circumstances remove from the user his duty to be aware of and to follow all legal regulations and statutes covering his activities. The user takes sole responsibility for application of safety measures covering the use of the product he is aware of. We also draw the user's attention to the risks attached to any use of the product for applications for which it was not designed.

02/99

** MATERIAL SAFETY DATA SHEET **

AKEM

5265 J. CLINTON TRAIL
EATON RAPIDS, MI 48827

Information Phone # :

Latest Revision Date...06/29/93
 Print Date.....08/05/93
 EMERGENCY PHONE NUMBER: 1-800-424-9300

BUFF FLOWING

REF: 15001, 15002, 15003, 15004

SECTION 1PRODUCT IDENTIFICATION

PRODUCT NAME OR NUMBER..... WSBFLO
 TRADE NAME OR CHEMICAL NAME..... BUFF FLOWING
 SYNONYMS..... Buff flowing marble cement
 FORMULA..... NA
 CHEMICAL FAMILY..... Unsaturated polyester
 MOLECULAR WEIGHT..... NA
 HMIS RATING..... HEALTH - 2, FIRE - 3, REACTIVITY - 2
 PREPARED BY..... Sarah C. Henry

SECTION 2HAZARDOUS INGREDIENTS / HAZARD DATA

CHEMICAL NAME(S)	CAS NUMBER	% WT	TLV-TWA	PEL	SEC.313
CALCIUM CARBONATE	001317-65-3	55 - 65	10MG/M3 TOT. DUST	NA	No
STYRENE MONOMER	000100-42-5	10 - 20	50 PPM	50 PPM 15/5	Yes
UNSATURATED POLYESTER RESIN	MIXTUR-E -	20 - 30	NA	NA	No
FUMED SILICA	112945-52-5	<1.0	6 MG/M3 TOT DUST	NA	No
TITANIUM DIOXIDE	013463-67-7	<1.0	10 MG/M3 TOT DUST	10 MG/M3 TOT DUST	No
YELLOW IRON OXIDE	001309-37-1	<0.1	10 MG/M3 (FUMES)	NA 10	No

Information for mixtures is based on constituent MSDS which are available upon request. (Minus Proprietary Trade Names).

SECTION 3PHYSICAL DATA

BOILING/MELTING POINT @760 mm Hg Approximately 145°C
 VAPOR PRESSURE mm Hg @20° C..... 4.5 mm Hg for styrene
 VAPOR DENSITY (Air = 1)..... Heavier than air
 PERCENT VOLATILE BY VOLUME (%).. 29.6
 VOC (lbs/gal)..... 2.19
 SPECIFIC GRAVITY OR BULK DENSITY 1.72
 SOLUBILITY IN WATER..... Slight
 EVAPORATION RATE (BuAc = 1)..... 0.5 for styrene
 APPEARANCE..... Beige liquid
 ODOR..... Typical styrene monomer odor

SECTION 4FIRE AND EXPLOSION HAZARD DATA

FLASH POINT OF (Test Method).... 89°F SFCC
 AUTOIGNITION TEMPERATURE..... 490°C for styrene
 FLAMMABILITY LIMITS IN AIR (% V) For styrene - LEL = 1.1 UEL = 6.1
 EXTINGUISHING MEDIA..... Water fog, carbon dioxide, dry chemical, foam
 SPECIAL FIRE FIGHTING PROCEDURES Firefighters and others exposed to vapors or products of combustion should wear self-contained breathing apparatus and full protective clothing.

Page 1

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SECTION 4 FIRE AND EXPLOSION HAZARD DATA

CONT'D

UNUSUAL FIRE & EXPLOSION HAZARDS Styrene polymerizes readily at elevated temperatures of fire conditions. Closed containers could rupture violently when exposed to heat or flame.

=====

SECTION 5 HEALTH HAZARD DATA * EFFECTS OF OVEREXPOSURE

SKIN CONTACT.....Prolonged or repeated contact of product with skin may cause irritation, and could result in dermatitis.

EYE CONTACT.....May cause Severe irritation, redness, tearing, blurred vision.

INHALATION.....May cause mucous membrane irritation and upper respiratory discomfort. High concentrations may cause headache, nausea, central nervous system effects including dizziness, weakness, fatigue, and possible unconsciousness and even death.

INGESTION.....Can cause gastrointestinal irritation, nausea, vomiting and diarrhea.

CHRONIC EFFECTS
OF OVEREXPOSURE....Overexposure to styrene has apparently been found to cause the following effects in laboratory animals: liver abnormalities, kidney damage and lung damage.

CARCINOGENICITY....The International Agency for Research on Cancer (IARC) has classified styrene as possibly carcinogenic (Class 2B). The IARC 2B classification is not based on significant new evidence that styrene might be a carcinogen, but on a revised IARC classification scheme and new data on styrene oxide.

TOXICOLOGICAL
TEST DATA.....Oral LD50 (rat) - 5000 mg/kg for styrene
Dermal LD50 has not been determined for styrene

=====

SECTION 6 EMERGENCY AND FIRST AID PROCEDURES

SKIN.....Wash affected areas with water while removing contaminated clothing. Launder contaminated clothing before reuse.

EYES.....Flush eyes with generous amounts of water for at least 15 minutes. Get immediate medical attention.

INGESTION....If swallowed, DO NOT INDUCE VOMITING. Dilute with water and call a physician immediately. Never give fluids or induce vomiting if the victim is unconscious or having convulsions.

INHALATION...Move to fresh air. Aid in breathing, if necessary, and get immediate medical attention.

=====

SECTION 7 REACTIVITY DATA

PRODUCT STABILITY.....Stable

Conditions to Avoid.....Heat and direct sunlight

CHEMICAL INCOMPATIBILITY.....Strong acids, peroxides and oxidizing agents.

HAZARDOUS DECOMPOSITION PRODUCTS Carbon monoxide, carbon dioxide, organic acids, and low molecular weight hydrocarbons.

SECTION 7REACTIVITY DATA

CONT'D

HAZARDOUS POLYMERIZATION..... May occur
Conditions to Avoid..... Sunlight, open flame and contamination
CORROSIVE TO METAL..... No
OXIDIZER..... No

SECTION 8SPECIAL PROTECTION INFORMATION

RESPIRATORY PROTECTION.....NIOSH/MSHA approved organic vapor respirator
when vapors are generated above the permissible
limit.
VENTILATION.....Good general mechanical ventilation and local
exhaust.
PROTECTIVE CLOTHING.....Gloves, coveralls, aprons, boots - as necessary
to prevent skin contact.
EYE PROTECTION.....Safety glasses with side shields or chemical
goggles.
OTHER PRECAUTIONS.....Wash thoroughly before eating, drinking, or
smoking. A safety shower and eye wash facility
should be available.

SECTION 9ENVIRONMENTAL DATA

SPILL OR LEAK PROCEDURES..... Remove all sources of ignition such as
flares, flames, and electrical sparks.
Ventilate area. Absorb spill with an
absorbent material such as sawdust,
vermiculite, sand or floor absorbent,
place in closed container. Wash area with
soap and water.
WASTE DISPOSAL METHOD..... Dispose of only in a facility permitted
for the disposal of hazardous wastes, in
accordance with federal, state, and local
regulations.
HAZARDOUS WASTE 40CFR261..... Characteristic waste - Ignitable

SECTION 10SHIPPING DATA

D.O.T. PROPER SHIPPING NAME..... Resin solution
D.O.T. HAZARD CLASS..... Flammable liquid
PACKING GROUP..... III
POISON CONSTITUENT..... NA
BILL OF LADING DESCRIPTION..... NMFC 100-D ITEM 150110 CLASS 55
UN/NA CODE..... UN 1866

SECTION 11SUPPLIER INFORMATION

While Akemi, Inc. believes the data set forth herein are accurate as of the
date hereof. Akemi, Inc. makes no warranty, expressed or implied, with
respect thereto and expressly disclaims all liability for reliance thereon.
Such data are offered solely for your consideration, investigation, and
verification.

**** MATERIAL SAFETY DATA SHEET ****

Information Phone # : (517)-663-8191

AXSON NORTH AMERICA, INC.
 1611 HULTS DRIVE
 EATON RAPIDS, MI 48827

"BPO"

Latest Revision Date...04/13/98

Print Date.....04/16/98

EMERGENCY PHONE NUMBER: 1-800-424-9300

HI SPEED HARDENER PASTE ALL COLORS

Ref: 15039, 11083, 11084, 11081, 11082

SECTION 1

PRODUCT IDENTIFICATION

11078, 11079

PRODUCT NAME OR NUMBER..... HSP
 TRADE NAME OR CHEMICAL NAME..... HI SPEED HARDENER PASTE - ALL COLORS
 FORMERLY KNOWN AS.....
 SYNONYMS..... BPO paste
 FORMULA..... NA
 CHEMICAL FAMILY..... Organic peroxide
 MOLECULAR WEIGHT..... NA
 HMIS RATING..... NFPA--HEALTH - 2, FIRE - 2, REACTIVITY - 1
 PREPARED BY..... Eric Archer

SECTION 2

HAZARDOUS INGREDIENTS / HAZARD DATA

CHEMICAL NAME(S)	CAS NUMBER	% WT	TLV-TWA	PEL	SEC.313
BENZOYL PEROXIDE	000094-36-0	50	5 PPM RESP	5 PPM RESP	Yes
BUTYL BENZYL PHTHALATE	000085-68-7	28	NA	NA	Yes
ZINC STEARATE	000557-05-1	APPROX 1	10 PPM TOT. DUST	10 PPM TOT. DUST	Yes
RED IRON OXIDE	001332-37-2	0-2(red)	5 MG/M3 (FUMES)	NA 15/5	No
WATER	007732-18-5	18 - 25	NA	NA 10	No

Information for mixtures is based on constituent MSDS which are available upon request. (Minus Proprietary Trade Names).

SECTION 3

PHYSICAL DATA

BOILING/MELTING POINT @760 mm Hg NA
 VAPOR PRESSURE mm Hg @20° C..... NA
 VAPOR DENSITY (Air = 1)..... 10.8 (solvent)
 PERCENT VOLATILE BY VOLUME (%).. <20 by weight
 VOC (lbs/gal)..... < 2.16
 SPECIFIC GRAVITY OR BULK DENSITY 1.2
 SOLUBILITY IN WATER..... Slight; ph not applicable
 EVAPORATION RATE (BuAc = 1)..... Negligible
 APPEARANCE..... Smooth paste colored red, black or white.
 ODOR..... Slight sweet odor

SECTION 4

FIRE AND EXPLOSION HAZARD DATA

FLASH POINT °F (Test Method).... >200°F (SETA)
 AUTOIGNITION TEMPERATURE..... NA

HI SPEED HARDENER PASTE ALL COLORSSECTION 4FIRE AND EXPLOSION HAZARD DATA

CONT'D

FLAMMABILITY LIMITS IN AIR (% V) NA
EXTINGUISHING MEDIA..... Water fog, carbon dioxide, dry chemical, foam
SPECIAL FIRE FIGHTING PROCEDURES Evacuate area and apply water from a safe distance. Spray water on the nearby peroxide containers to prevent overheating. After fire, wait until area is cooled to room temperature before attempting clean up. Firefighters and others exposed to vapors or products of combustion should wear self-contained breathing apparatus and full protective clothing.
UNUSUAL FIRE & EXPLOSION HAZARDS Peroxides and decomposition products are flammable and can ignite with explosive force if confined. Material is difficult to ignite, but with continued exposure to flames, it will burn slowly and sluggishly

SECTION 5HEALTH HAZARD DATA * EFFECTS OF OVEREXPOSURE

SKIN CONTACT.....Prolonged skin contact may cause skin irritation and redness.
EYE CONTACT.....May cause eye irritation.
INHALATION.....May cause irritation of the nose, throat and lungs.
INGESTION.....May cause toxic effects..
MUTAGENICITY.....Negative in Ames test for 78% wet BPO. Benzoyl peroxide has given negative results in several skin painting studies (mice) and positive results in one such study (mice). The relevance of the positive result, if any, to humans is not known at this time.
TOXICOLOGICAL
TEST DATA.....Oral LD50 - (rat) - >5000 mg/kg for benzoyl peroxide

SECTION 6EMERGENCY AND FIRST AID PROCEDURES

SKIN.....Wash affected areas with water while removing contaminated clothing. Launder contaminated clothing before reuse.
EYES.....Flush eyes with generous amounts of water for at least 15 minutes. Get immediate medical attention.
INGESTION....If swallowed, DO NOT INDUCE VOMITING. Dilute with water and call a physician immediately. Never give fluids or induce vomiting if the victim is unconscious or having convulsions.
INHALATION...Move to fresh air. Aid in breathing, if necessary, and get immediate medical attention.

SECTION 7REACTIVITY DATA

PRODUCT STABILITY..... Unstable

HI SPEED HARDENER PASTE ALL COLORSSECTION 7REACTIVITY DATA

CONT'D

Conditions to Avoid..... High temperatures and contamination
CHEMICAL INCOMPATIBILITY..... Metal salts, reducing agents, accelerators
strong acids, and strong bases.
HAZARDOUS DECOMPOSITION PRODUCTS Flammable and toxic vapors and biphenyl
(TLV = 0.2 ppm)
HAZARDOUS POLYMERIZATION..... Will not occur
Conditions to Avoid..... Strong acids, strong bases, temperatures
above 130°F, direct sunlight, open flame.
OXIDIZER..... Yes

SECTION 8SPECIAL PROTECTION INFORMATION

RESPIRATORY PROTECTION.....NIOSH/MSHA approved organic vapor respirator
when vapors are generated above the permissible
limit.
VENTILATION.....Good general mechanical ventilation and local
exhaust.
PROTECTIVE CLOTHING.....PVC gloves, coveralls, aprons, boots - as
necessary to prevent skin contact.
EYE PROTECTION.....Safety glasses with side shields or chemical
goggles.
OTHER PRECAUTIONS.....Wash thoroughly before eating, drinking, or
smoking. A safety shower and eye wash facility
should be available.

SECTION 9ENVIRONMENTAL DATA

SPILL OR LEAK PROCEDURES..... Remove all sources of ignition such as
flares, flames, and electrical sparks.
Ventilate area. Absorb spill with an
absorbent material such as sawdust,
vermiculite, sand or floor absorbent.
Use non-sparking tools to place spilled
material in closed containers. Wash area
with soap and water.
WASTE DISPOSAL METHOD..... Dispose of only in a facility permitted
for disposal of hazardous wastes, in
accordance with federal, state, and local
regulations.
HAZARDOUS WASTE 40CFR261..... Characteristic waste - reactive.

SECTION 10SHIPPING DATA

D.O.T. PROPER SHIPPING NAME..... Not Regulated by land
D.O.T. HAZARD CLASS..... None
PACKING GROUP..... None

HI SPEED HARDENER PASTE ALL COLORSSECTION 10SHIPPING DATA

CONT'D

POISON CONSTITUENT..... NA
BILL OF LADING DESCRIPTION..... NMFC 43940 ITEM 2 CLASS 85
UN/NA CODE..... NA

SECTION 11SUPPLIER INFORMATION

While [REDACTED] believes the data set forth herein are accurate as of the date hereof. [REDACTED] inc. makes no warranty, expressed or implied, with respect thereto and expressly disclaims all liability for reliance thereon. Such data are offered solely for your consideration, investigation, and verification.

Safety Data Sheet according to 91/155/EWG

Compiled on: August 29, 1995

Page 1 of 3

Modified on: May 21, 1996

1. Name of substance/preparation and company

Silicone Stone Polish
Stone Polish - silicone basedRef: 15360 15361
Art.No. 10842, 10843, 10844Akemi Erich Höntsch GmbH
Lechstraße 28
90451 NürnbergPhone +49-911-642960
Telefax +49-911-644456

2. Composition/constituents

Product based on reactive silicone oils, containing lubricating and polishing agents.

Dangerous constituents:

CAS no.	EC no.	Index-No	Name	Danger symbol	Content	R phrases
		650-001-02-5	test benzine	-	10 %	10

3. Possible dangers

Flammable. [OSHA 2 COMBUSTIBLE]

4. First aid measures

Contact with the eyes:

rinse thoroughly with water, see ophthalmologist.

Contact with the skin:

changed soaked clothing immediately, wash thoroughly with water and soap.

Inhaling vapors:

in high concentration provide fresh air. If breathing stops provide artificial respiration. Bring unconscious people in a lateral position and see a physician.

Swallowing:

do not incite to vomit, bring people in a quiet position and see a physician.

5. Measures to fight fires

Suitable extinguishing medium: distinguishing powder, foam, CO₂Unsuitable extinguishing medium: complete water jetFurther information: In case of a fire dangerous decomposition products are generated which may be dangerous to human health. Special protective clothes and air-independent breathing equipment are recommended. Cool down containers with water.

6. Measures in case of unintended release

Prevent from entering sewage water, sewage pipes, bodies of water or the ground. Provide sufficient ventilation. Keep those not concerned with emergency measures away. Strictly avoid open flames and sources of heat and ignition. Remove remaining substance with chemical binding agents, possibly dry sand. Use a shovel or a spatula. Keep in sealed containers. For further information see disposal.

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7. Handling and storage

Store containers dry and tightly sealed in a cool, well-ventilated room. Sufficient ventilation, possibly suck off air while handling the product. Avoid contact with skin and eyes and inhalation of vapors. At higher temperatures flammable vapors are generated which can form an explosive mixture with air. Keep away from open flames, sources of heat and ignition - Do not smoke.

8. Limits for exposition and personal safety requirement

If occasional contact of the product with the hands cannot be avoided, protective gloves (PVC or rubber) or suitable protective creams should be used. Provide sufficient ventilation of working place. Wearing a face protection or protective spectacles is recommended.

Keep away from foodstuffs, fodder, tobacco etc. Wash hands and use a protective cream before taking breaks and finishing work. Keep working clothes separately. Change soiled or soaked clothing.

9. Physical and chemical properties

Form:	liquid
Colour:	milky white
Smell:	typical
Density:	approx. 1.02 g/cm ³ (20°C)
Aqueous solubility:	insoluble (20°C)
Flash point:	approx. 47°C

117°F = CLASS II

10. Stability and reactivity

Dangerous reactions with strong oxidizing agents.

11. Toxicological data

No information on special toxic reactions.

12. Ecological data

Prevent from entering sewage water, sewage water pipes and the ground.

13. Information on disposal

Observe local regulations. Dispose as special waste or as hazardous waste collected by the local authorities.

Waste code no. 55 326.

Contaminated packing is to be completely emptied; After cleaning the packing can be recycled. Empty packing which is contaminated with substances listed in the regulations on dangerous goods should be clearly marked. They are not subject to the packing regulations but are considered special waste.

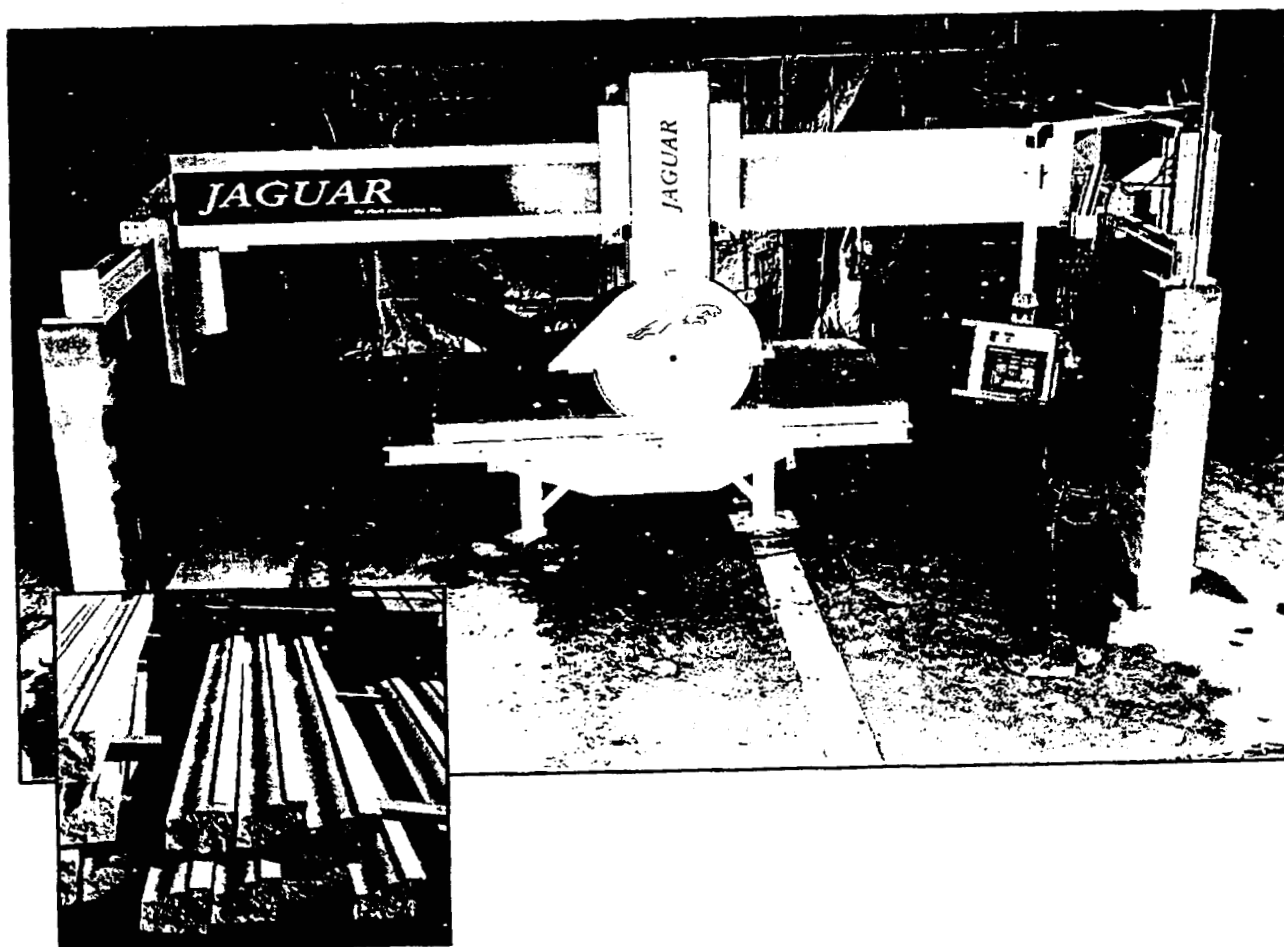
CUTTING MACHINE INFO
NOTES

Date: 2/16/99	Fax Number: [REDACTED]
To:	From:
Company: U.S. DEPT OF LABOR	# of Pages Including Cover Sheet: 3

ENCLOSED IS A PICTURE OF OUR JAGUAR SAW WITH THE BLADE SHROUD IN PLACE. AFTER SPEAKING WITH THE PROJECT MANAGER FOR JAGUAR SAWS I HAVE LEARNED THAT OUR SHROUD IS DESIGNED TO COVER 210° OF THE BLADE - SORRY FOR THE MISINFORMATION VIA THE PHONE. ALSO INCLUDED IS AN EXAMPLE DRAWING OF A JAGUAR SHROUD FOR A 36" BLADE. THE SMALLER SHROUDS ARE OF THIS SAME SHAPE & DESIGN. HOWEVER.



Gantry Diamond Saw



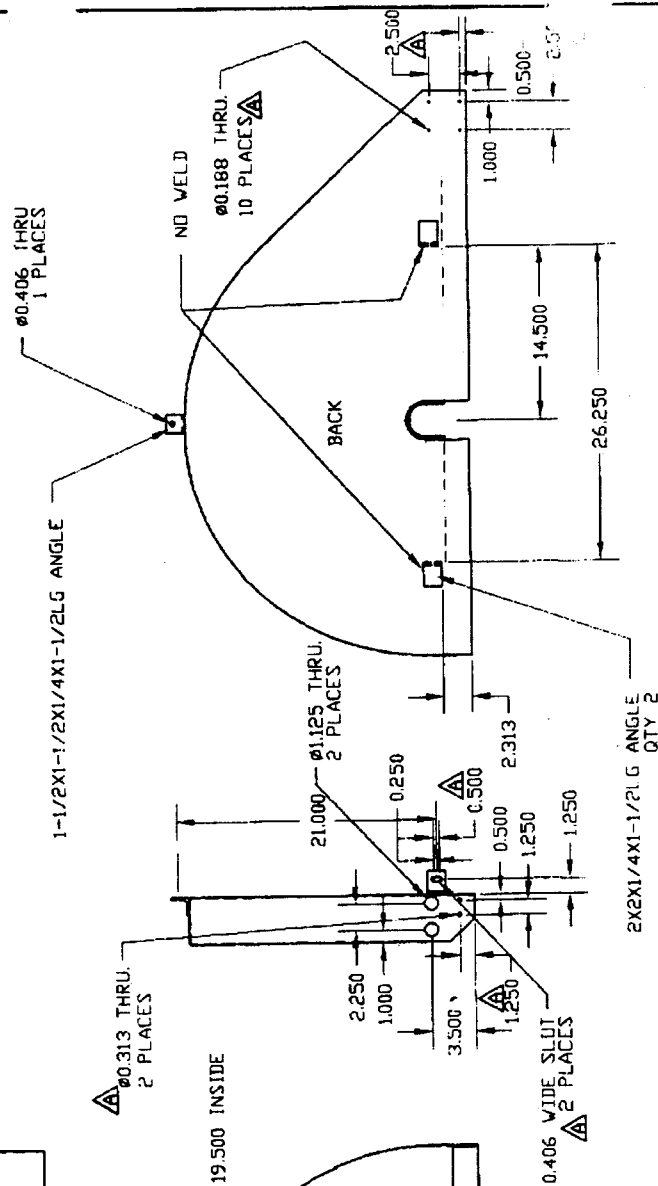
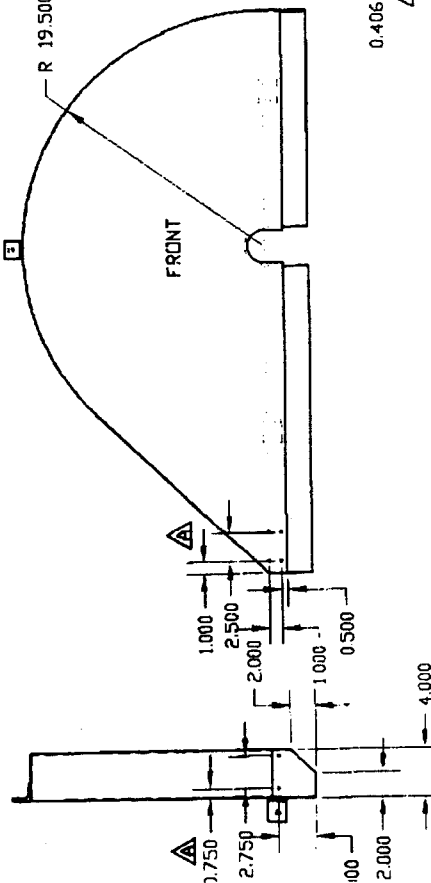
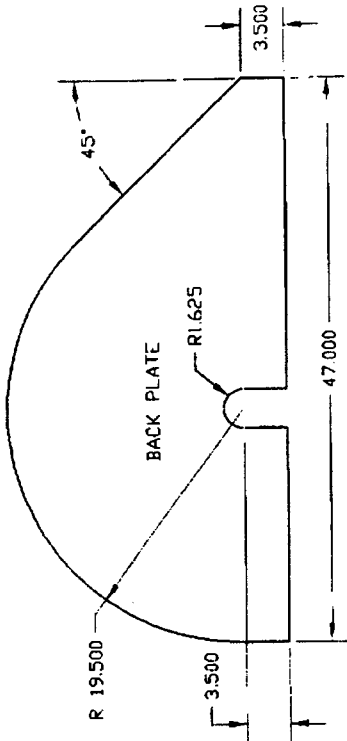
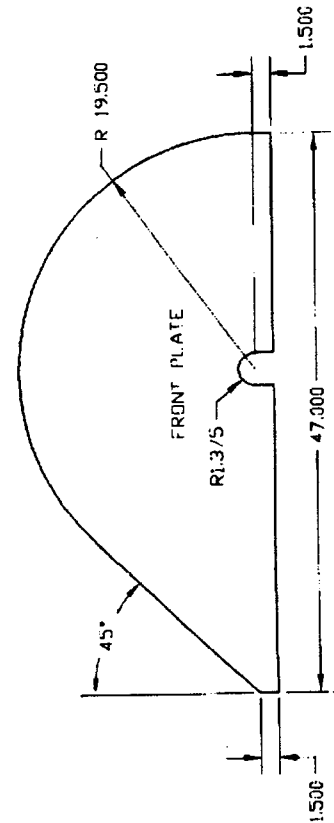
*The premier gantry diamond saw for the
"high precision ... high production" fabricator*

RECEIVED
FBI

5 FEB 16 PM 2:26

Abstract

[REDACTED], Inc.



NOTICE:

THIS DRAWING AND ALL INFORMATION THEREON IS THE PROPERTY OF [REDACTED] COMPANY, INC. AND IS CONFIDENTIAL AND MUST NOT BE MADE PUBLIC OR COPIED IT IS SUBJECT TO DEMAND.

PART NO	DESCRIPTION
[REDACTED]	[REDACTED]

MATERIAL IS 12GA ALUMINUM

[illegible]

OUR BLADE
SHROUD IS SPEC'ED
TO COVER 210° OF THE BLADE



Diamond dry cutting saws

Diamant-D Diamond Dry Cutting Saws offer a particularly high degree of operating safety, thanks to the direct welding method used, or to the laser welding of the segments on to the steel core.

All Diamant-D saws are subjected to an extensive examination, which guarantees an extremely high standard of quality. So that you can get the best results from your Diamant-D diamond dry cutting saws, we recommend to observe the following instructions:

1. Clean the flange before mounting saw
2. The direction of rotation of the arrow on the saw must correspond with the direction of rotation on the machine.
3. A saw which is out of balance means increased wear and even possible destruction of the tool. Ensure that the tolerances are not exceeding 0.15 mm.
4. Do not apply pressure-the weight of the machine will suffice. Increased pressure means increased wear.

5. The saw should be used in a gentle reciprocating manner especially when used on hard materials
6. Avoid tilting the saw when cutting.
7. If there is a loss of correct cutting action (this will be noticeable by a high degree of spark flying), sharpen the saw by using an abrasive material such as sandstone, by means of further cutting actions.
8. Avoid changing wheels before the saw is worn out, as this results in a shorter service life.
9. Only use machines which have an approved safety guard.
10. Despite the higher safety factor of this tool, always wear protective goggles and clothes (leather aprons).
11. Observe national safety regulations.

Permissible rotation speeds at 80 m/s

Dia of saw (mm)	RPM	Dia. of saw (mm)	RPM
115	13.280	230	6.640
125	12.220	300	6.360
180	8.500	350	5.450

Date	7671
# of pages	1
Fr	
Co	Diamond-D
Phone #	
Fax	

Post-it® Fax Note

02/16/1999 14:03

0037861204

DIAMANT D

17062839005

MR.

[REDACTED] BUSINESS

[REDACTED]

[REDACTED]

1-6-99

3- INSTALL MARBLE TABLETOPS
SHOWROOM OPENS AT 10:00

2:00 PM

BORN IN [REDACTED] 12 YEARS; HAD TO MOVE 1-7-99
WHEN 59 WIDOWED, STARTED POUND CURRENT LOCATION.
RECENTLY MOVED NEXT DOOR. WANT TO EXTEND BUILDING.
NEIGHBOR IS UNHAPPY, KNOW [REDACTED], GOT SUMMONS.

10% CUT STONE

90% = INTERIOR DESIGN - HIRE OTHER CONTRACTORS

EMPLOYED CUT COUNTER

POLISH

DROP OFF ON WORKITE

SHAVING STUFF WORKS WITH COMPRESSOR THAT
WAS OUT. 8 STAGES OF POLISHING.

— BROWN GOING CHRISTMAS. ROYAL MAN HAD
PROMISING TO FIX.

②

POLISHING JAWS TIME.

1-7-99

CUT -
SHAPE - ROUTER
POLISH -

} DIAMOND BLADE - USE
H₂O

DUST RESPIRATOR - 1 STRAP

[REDACTED]

4 YEARS

COMPRESSOR BROKE CHRISTMAS TIME

MOSTLY USE H₂O

ALWAYS IS DUSTY - IN WINTER WE

SEE MORE DUST

GRINDING MAKES MOST DUST

KITCHEN TIME 2-3 DAYS.

NEXT WEEK OUT

TOMORROW POLISHING

NORMALLY GRIND DRY.

NO TNG IN HAZARD

USE EPOXY GLUE TO COMBOUT STONE

(3)

1-7-99

WILLSON RG85
AR 700

EXTENSION CORDS

SLICED

TENSION RELIEF

GROUND PIN MISSING

DOUBLE INSULATED CORD

FLUENT FUM BGR PLUGS
29 dgr NRR

80-81 dgr PAIRING

SLM - 08412567

1ST PART OF 2 PART EPOXY
SYSTEM
- STARTS SANDING A LITTLE,
THEN PUTS AHEM1 POLYESTER ADHESIVE
TO FILL THE SEAMS ("BUFF FLOWING")
HOOD AND STONE INC.

MANASSAS VA 703-369-1236
"FLAMMABLE MIXTURE"

(7) STYRENE MONOMER, INHIBITED

AHEM1 STONE-POLISHING FLUID #70
2012

- TRICHLOROETHYLENE

ACETONE BY E.B. ZIMMERMAN CO
PITTSBURGH

PROPANE (TOWELT/ 400 gm containers)

2ND EPOXY PART:

AHEM1 PLASTICS INC

EATON RAPIDS MI 48827

517-663-8191

HI-SPEED HARDENING PASTE

BENZOYL PEROXIDE PASTE

PURTA CABLE MOWER 1700 HOT GUN

CAL SN 822119 SN 8412567

~~HEAD~~ CUTTING - 10:50

SAVING CLOSE TO BLADE BEFORE ROTATION STOPS
10 MIN

THEN CLIPPING PLOCS TOGETHER.

DRY WITH AIR GUN (3-PRONG)

~~12:30~~ 11:35 - 12:55 LUNCH (HOLPER CONTINUES)

DRYING

1:00 ANOTHER CUT, THEN GRINDING/
POLISHING WITH NO

1/20 (EDGES) - HAND TOOL

USING UNARMED DUST MASK (1 STRAP)

(ABOUT 1' LONG)

THEN HOLPER DOES THE POLISHING WITH THE
MANY DISCS

ABOUT 20-25 MIN

1:30 ^{SHAVING}
LOOSE GRINDING (GRINDING A SLANT ON THE
EDGE) - USES VACUUM FOR DUST (DRY
GRINDING. ABOUT 5'

ABOUT 10 MINUTES. THIS IS THE DUSTY
JOB. AFTER THIS IN DUST, HOLPER
CONTINUES SMOOTHING. DONE AT 2:10

FURNISH: CLARK MOD GC S 15 TAPE LP
S'N 6127-0730-6330 FA

~~BE~~
AUG - 2.5 HOURS SHAVING

MACHINE 25 YEARS OLD -
NOT BOUGHT FROM MFG.
IS A GROSS MACHINE

2-9-99

SAW DOES NOT CUT HANDS BUT
IT CUTS MARBLE
DIAMOND BLADE

BLADE IS NOT SHARP
CUTTING PROCESS IS TOO PLANNED STONE
WON'T CUT BROAD
OVER 1/8" BLADE

BLADES

800-423-1634

VIC INTERNATIONAL

[16" BLADE - SILENT ~~DR~~ CORE

STONE MASTER

161 18186 CUI

BRAISED TIPS - 2 TECH
REPLACE DAILY

KUGER/JAGUAR

↓ ↓
12"-14" 16"-36"

BLADE SHROUD UPPER 50/70

GUARD TO DEFLECT H₂O

CAN STICK FINGER ON BLADE, RUN IT MYSELF.

BLADE HAS DIAMOND SEGMENTS.

GAP BETWEEN SEGMENT, WHICH SCOOPS
H₂O.

SEGMENTS CAN SHOOT OUT, RARELY, WILL
SHOOT TOWARDS STONE OR TOP OF BLADE.

WE REPAIR LOTS OF BLADES, ALWAYS
~~HAVE~~ GIVEN TWO SEGMENTS WHICH
CRACKED OFF.

IMPORTERS:

(EUROPEAN) IMPORTERS

ATLANTA (CONTACT:

THE [REDACTED] 15/16

CONTACT:

[REDACTED] 2677

2-16-79

2-11-99

[REDACTED]

BLADE GUARD

↓

MP6 -

[REDACTED]

Code - Enforcement - ^{Home} Village of [REDACTED]
RT & [REDACTED]

Exit 14A - [REDACTED]

[REDACTED]
[REDACTED] Rd

[REDACTED] / Sporadic Operation

Grind Marble / Rock (2) Employees

are not wearing masks / or other respiratory protection

- No ventilation / general ventilation

Cutting slabs & grinding / polishing

- 2 workers

Assigned #
879040673

MR

[REDACTED]
[REDACTED]

CO-OWNER

2:00